PROGRAM REGISTRATION

Mail / Drop off or Go Online: City of Monroe Parks and Recreation, 1110 18th Avenue, Monroe, WI 53566 or drop off in outside black drop box by entrance.

1. Registering Adult—Contact information for the parent or guardian—TOP PORTION OF FORM

Adult's Last Name: _____ Adult's First Name: _____

Address: _____ City / State / Zip: _____

Home #: _____ Cell # Mom: _____ Cell # Dad: _____

Mom's Employer / Day Phone #: _____ Dad's Employer / Day Phone#: _____

List work numbers only if we may call you at work

Email Address: _____ Do you want to receive program updates by email: _____

Emergency Name (If no answer at above numbers): _____ Phone: _____

Medical Information: If there are any medical conditions the instructor should be aware of, the participant or a parent of the participant should talk to the instructor at the first class. Please list all allergies such as milk, peanuts, etc. for we do serve snacks at some programs.

LIST ALLERGIES: _____

If more than one parental home or other special circumstances, give name, address, home/work/cell phone below:

_____

2. Fill in programs of each participant (one form per household) T-shirt sizes available: Youth 6/8, 10/12, 14/16 Adult S, M, L, XL, XXL

COURSE #	PROGRAM NAME	PARTICIPANT LAST NAME	PARTICIPANT FIRST NAME	M-MALE F-FEMALE	DATE OF BIRTH	GRADE ENTERING/ SCHOOL	T-SHIRT SIZE	FEE

Please use the registration form on page 11 for American & National Baseball & Junior & Senior Softball Leagues

Can we contact you to ask for a donation of food or drink for a special event at the pool or July 4th?	YES	NO
For program promotion purposes, from time to time photographs may be taken of participants. Those who do not wish to have their photo published must notify the office OR state NO on this registration form and talk to the instructor.	YES	NO

"Round up" your program fee helps provide assistance for those unable to afford the program fees for youth activities.

CREDIT CARDS & ONLINE REGISTRATION COMING SOON!
MAKE CHECKS PAYABLE TO CITY OF MONROE PARKS AND RECREATION.
A $35 SERVICE FEE WILL BE ASSESSED TO EACH RETURNED CHECK.

If non-resident, add $10 per program	_____
Subtotal	$ _____
"Round-Up"	$ _____
TOTAL AMOUNT	$ _____

Method of Payment Cash _____ Check#_____

Credit card payment and online registration coming soon!

Authorization to participate and for Emergency Medical Treatment I hereby register myself/my child to participate in the activity/class above named. In granting permission, I recognize that such activity may be hazardous and injury or accident may occur as a result of direct or in-direct participation. Therefore, I agree to release the City of Monroe, Monroe Parks and Recreation Department, it's employees, agents and volunteer aids from liability as a result of accidents incurred while participating in the activity/class. **If you are signing up for any sports activities, please read and sign the Concussion Information and Waiver on page 10. A new form must be signed for each sport.**

Participant or Parent/Guardian Signature: _____ Date: _____