

2021 PROGRAM REGISTRATION FORM

You may register online at <https://monroewi.activityreg.com>; stop down to Monroe Parks & Recreation Office or leave in our dropbox outside our door after hours.

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

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

Primary address: _____ City / State / Zip: _____

Secondary address: *(if applicable)* _____ City / State / Zip: _____

Landline Phone: (608) _____ Mom's Cell: (608) _____ Dad's Cell: (608) _____

Mom's Employer / Day Phone: (608) _____ Dad's Employer / Day Phone: (608) _____

Mom's Email: _____ Dad's Email: _____ Relationship: _____

Emergency Name (If no answer at above numbers): _____ Phone: (608) _____

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 bee stings, milk, peanuts and others, for we do serve snacks at some programs.
LIST ALLERGIES: _____

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

PROGRAM NAME	PARTICIPANT LAST NAME	PARTICIPANT FIRST NAME	M-MALE F-FEMALE	DATE OF BIRTH	GRADE RIGHT NOW	GRADE IN FALL 2021	T-SHIRT SIZE	SCHOOL	FEE

Please use the registration form on page 6 for Baseball & Softball Leagues.
 Please use the registration form on page 6 for the Grade School Sport's Programs.
 Please use the registration form on page 7 for Season Pool Pass.

If we have July 4th celebration, may we contact you to volunteer at Carnival Games on July 4th? YES NO

From time to time, photographs are taken of participants for promotional purposes. Those who do not wish to have their photo published must notify the office, state "NO" on this registration form and talk to the instructor. YES NO

Subtotal \$ _____

"Mark up" for recreation: Add \$1 or more to your total fees to help provide assistance for those unable to afford the program fees for recreation activities.

"Mark up" \$1 or more for scholarship fund for families in need \$ _____

MAKE CHECKS PAYABLE TO: CITY OF MONROE
A \$35 SERVICE FEE WILL BE ASSESSED TO EACH RETURNED CHECK.

TOTAL AMOUNT \$ _____

Method of Payment	Cash _____	Credit cards will only be taken online or in person at Parks & Recreation Office due to security reasons. No registration should be mailed with credit card information.
Credit Card _____	Check# _____	

PLEASE KEEP YOUR POOL KEY FOBs FROM LAST YEAR & USE WITH THIS YEAR'S RENEWAL

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 & Recreation Department, its' employees, agents and volunteer aids from liability as a result of accidents incurred while participating in the activity/class.

Participant or Parent/Guardian Signature: _____ Date: _____