

Program Registration Form

DeForest Parks, Recreation & Natural Resources Department
 Completed registration and payment should be mailed to or dropped off at:
 Village Hall, 120 S Stevenson St., DeForest, WI 53532 (608) 846-6751

Name/Parent/Guardian: _____

Address: _____ Cell Phone: _____

City: _____ Emergency Contact : _____

Zip: _____ Relationship of Emergency Contact: _____

Email: _____ Day Emer. Phone: _____

Day Phone: _____ Eve Emer. Phone: _____

Eve Phone: _____ Cell Emer. Phone: _____

Does participant have any allergies or health conditions? If so, please state: _____

Do you need reasonable accommodation based on a disability? If so, what? _____

Please write shirt size in column below if applicable for your program: YS 6-8 YM 10-12 YL 14-16 Adult S

Program Name And Start Date	Participant Name	Sex	Date of Birth	Grade/Age	Shirt Size	Fee
_____ Please initial. I have read and agree to the CONCUSSION AGREEMENTS AND INFORMATION. Must be initialed for player to participate in sport programs. (Please review agreement and information on our website www.vi.deforest.wi.us - Recreation Programs)						
Additional Notes/Requests (Please limit your requests for teammates/coaches to no more than 2 per player)						Total \$ Due: Payable to Village of DeForest

Release of Liability & Photo

By registering or participating, the registrant understands that individual accident insurance is not provided for The Village of DeForest Parks, Recreation and Natural Resource Programs and agrees to adhere to program rules. I do hereby, for myself, my heirs, executors, administrators, waive, release, and forever discharge any and all rights and claims for the damages that I may have or that may hereafter accrue to me arising out of or, in any way connected with my participation in the Village of DeForest Parks, Recreation and Natural Resources Program. Photos or film may be taken during program for educational and marketing purposes.

Parent/Participant (if 18 yrs. or older): _____ Date: _____

Signature

INTERESTED IN COACHING???

_____ Please place an (*) next to the participant for whom you wish to volunteer as HEAD coach.

_____ Please place an (+) next to the participant for whom you wish to volunteer as ASST. coach.

Your Name _____

Your Name _____

For Office Use Only: Cash: _____ Check#: _____ Amount: _____ Date: _____ Rec'd By: _____