

Richland Center Parks and Recreation Department
 600 W. Seminary Street
 Richland Center, WI 53581
 (608) 647-8108
 www.ci.richland-center.wi.us

Program Registration Form

Please include with registration fees

Family Last Name _____ Address _____

City _____ Zip _____ Home Phone _____

E-mail address _____ (For Recreation Department use only)

Parent/Guardian Name(s) _____

Emergency Contact (Name and Phone Number) _____

Participants' Name	Age	Gender	'06-'07 Grade	Program Name	Dates/Times	Fee

Please make checks payable to the Richland Center Parks and Recreation Department

Waiver of Liability

The City of Richland Center Parks and Recreation Department does not provide nor cover any medical or hospital insurance for program participants. You are encouraged to obtain your own insurance prior to taking part in any Department activity. I understand that program fees are not refundable.

Signature: _____ Date: _____

Assume you are registered in all the programs you have signed up for. Please call (608) 647-8108 if you have any questions on the status of your registration. The Richland Center Parks and Recreation Department **will only notify you if there has been a change in program, if a program is full, or if a program has been cancelled.**

Please make additional copies for your records of when the programs are or what you may have signed up for.

For Office Use:
 Payment _____
 Cash _____
 Check # _____