

Program & League Registration Form

Richland Center Parks & Recreation Department
 1050 N. Orange Street, Richland Center, WI 53581 608-647-8108 ex. 1 www.richlandcenter.com

Family Last Name _____ Address _____

City _____ Zip Code _____ Home/Cell Phone _____

E-mail address _____ (For Recreation dept. use only)

Parent/Guardian Name _____ Emergency Contact Name & Number _____

Participant's Name	Age	Gender	Date of Birth	Program Information Name/Date/Time	2017-'18 Grade	*T-shirt size (If applicable)	Fee

Unisex Shirt sizes: YS (6/8), YM (10-12), YL (14-16), AS (Adult Small), AM (Adult Medium), AL (Adult Large), AXL (Adult Extra-Large)

****For Park & Rec programs, please make checks payable to the Richland Center Parks & Recreation Dept.**
 Mail form & fees to: 450 S. Main St. Richland Center, WI 53581**

****For Youth/Adult City Leagues, please make checks payable to that specific league**
 Mailing information is available in each of the league descriptions**

Waiver of Liability: The City of Richland Center Parks and Recreation Department does not provide or 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 non-refundable. This Registration Form covers the participants through December 31st, 2018.

WIAA Concussion Policy: As a Parent and Athlete, it is important to recognize the signs, symptoms and behaviors of a concussion. By signing this form you are stating that you understand the importance of recognizing these signs, symptoms and behaviors of a concussion or head injury. More information is available in the office.

Signature _____ Date _____

Assume you are registered in all the programs you have signed up for. Please call 608-647-8108 ex. 1 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.

For office use only: Payment Date _____ Check # _____ Cash _____