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	2021-22 Grade	*T-shirt size (If applicable)	Fee

*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 City of Richland Center.
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

We will continue to monitor the recommended safety guidelines for COVID-19 protocols. We will adapt as the situation changes, to assure everyones safety prior to each activity.

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.

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 _____

REGISTRATION FORM