

PROGRAM REGISTRATION FORM

Family Name (*last name*) _____ Father's Name _____
 Address (*of participant*) _____ Mother's Name _____
 City _____ State _____ Zip _____
 Home/Primary Phone _____ Secondary Phone _____ cell work
 Family Email _____

Resident
 Non-Resident
 Emergency Name & Phone _____
 Relationship to registrant (s) _____
 Special Considerations (allergies, disabilities, etc.) for _____

Registrants Name (first/last)	M/F	Date of Birth	Age	Grade	School	Shirt Size (if applicable)	Program	Session	Level	Fee
						YS YM YL YXL AS AM AL AXL				
						YS YM YL YXL AS AM AL AXL				
						YS YM YL YXL AS AM AL AXL				
						YS YM YL YXL AS AM AL AXL				
						YS YM YL YXL AS AM AL AXL				
						YS YM YL YXL AS AM AL AXL				

PARENT OR GUARDIAN AUTHORIZATION, WAIVER, & RELEASE OF LIABILITY

I hereby give my permission for the above named child to participate in programs offered by the Sparta Parks & Recreation Department. I also certify that the above named child is in normal health capable of participating safely in the program he/she is registered in. I recognize and acknowledge that there are certain risks involved in these programs including but not limited to, property damage, personal injury, or death. I am voluntarily placing this child in these activities with the knowledge of the danger involved and hereby agree to accept all risks of the child's participation. I agree to indemnify and hold harmless the City of Sparta, its agents and employees, the Sparta School District, its agents and employees, and the sponsors of the program offered by the Sparta Parks & Recreation Department from and against all liability, damage or claims by any person (s) of whatever nature arising from the child's participation in the programs for which he/she has registered. I further certify that I am of legal age and freely sign this agreement. I also certify that I have read this agreement and fully understand its terms. In the event of an emergency, I authorize the recreation staff to obtain treatment for my son or daughter.

\$10 Late Fee
(if after deadline)

Total Fees

MAIL TO:
 Sparta Parks & Recreation
 1000 E. Montgomery Street
 Sparta, WI 54656

Checks payable to:
 City of Sparta

Questions??
 Call 608-269-6322

THE SIGNATURE OF A PARENT OR LEGAL GUARDIAN IS REQUIRED FOR YOUTH REGISTRANTS

Participant over Age 18
 Parent
 Legal Guardian

X Signature _____ Date _____

Thank You