One form per household

Program Registration Form

Mount Horeb Recreation Department
222 E. Front St., Mount Horeb, WI 53572

Family last name: _____
Mailing Address: _____ City & Zip: _____
Home Phone: _____ Cell phone: _____
E-mail address (for Rec Department use only) _____
Father's name _____ Mother's name _____
Work Phone _____ Cell _____ Work Phone _____ Cell _____

Check one: Resident _____ (only those living within the Mount Horeb Village limits) **Non-Resident** _____

Shirt size: Youth: S (6/8)_____ M (10/12)_____ L (14/16)_____ Adult: S_____ M_____ L_____ XL_____

Participants First Name	M/F	Age	12-13 Grade	Date of Birth	Program Name	Program #	Level/ Sess	Fee

Please make checks payable to the Village of Mount Horeb

If non-resident, add $10.00 per program_____
$5.00 registration late fee (if applicable)_____
Round up for youth recreation*_____
Total due_____

*Rounding up your program fee helps provide assistance for those unable to afford the program fees for youth activities.

I request my child to be on the same team as: _____* (first & last name)
* Requests are only for team sports. Only ONE request may be granted & requested individual must request you. Requests are not guaranteed.

Method of Payment	Cash_____ Check_____	Credit Card: Visa_____ MasterCard_____ Am. Express _____ Card #:_____ Expiration:_____

Can you Volunteer Coach? _____ Name of volunteer: _____
Program: _____ T-shirt size: S ____ M ____ L____ XL ____

Special Needs: _____
_____
_____
_____

Waiver of Liability
The Village of Mount Horeb is not responsible for any injuries sustained as a result of participation in any department sponsored activities, or while using departmental facilities. The Mount Horeb Recreation Department recommends that anyone enrolled in a program or using facilities make provisions for adequate insurance coverage. I understand program and convenience fees are not refundable.

Signature _____ **Date** _____
Assume you are registered in all the programs you have signed up for. If you would like a confirmation, please include a self-addressed stamp envelope.
The Mount Horeb Recreation Department **will only notify you if a program is full or cancelled**.

For office use: Check #_____ Credit Card_____ Cash_____

As a Parent and Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury. If you would like more information on this, please contact the Mount Horeb Recreation Department.

Athlete Agreement: I_____ have **read** the Athlete Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused.
I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian.
I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play.
I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.
Athlete Signature_____ Date_____

Parent Agreement: I _____have **read** the Parent Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected.
I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.
I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach.
I understand the possible consequences of my child returning to practice/play too soon.
Parent/Guardian Signature_____ Date _____

REGISTRATION FORM

*non-residents must add $10.00 to the registration fee