

One form per household

# PROGRAM REGISTRATION FORM

Mount Horeb Recreation Department  
222 East Front Street, Mount Horeb, WI 53572

Family last name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_ E-mail address \_\_\_\_\_

Father's name \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Mother's name \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Check one: Resident \_\_\_\_\_ (those who pay property taxes to the Village of Mt. Horeb) Non-Resident \_\_\_\_\_

Shirt size: Youth: S (6/8) \_\_\_\_\_ M (10/12) \_\_\_\_\_ L (14/16) \_\_\_\_\_ Adult: S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_

Participant First Name	M/F	Age	Grade	Date of Birth	Program Name	Code	Level/Session	Fee

**Please make checks payable to the Village of Mount Horeb**

If non-resident, add \$10.00 per program \_\_\_\_\_

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

\$5.00 registration late fee (if applicable) \_\_\_\_\_

\*Round up for youth recreation \_\_\_\_\_

**Total due** \_\_\_\_\_

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: _____ 3 Digit Code: _____
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Can you Volunteer Coach? \_\_\_\_\_ Name and Phone Number of Volunteer: \_\_\_\_\_  
Program: \_\_\_\_\_ T-shirt size: S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ XXL \_\_\_\_\_

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.

### WIAA Concussion Policy

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. More information is available at the Recreation Department if requested.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**The Recreation Department will only notify you if a program is full or cancelled.** Assume you are registered for all the programs you have signed up for. If you need to cancel out of a program, you must let us know at least five days from the program start date.

<b>For office use:</b>	Check # _____	Credit Card _____	Cash _____
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**REGISTRATION FORM**

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