

PROGRAM REGISTRATION FORM

Mount Horeb Recreation Department
105 North Grove Street, Mount Horeb, WI 53572

Family Last Name: _____
 Mailing Address: _____ City & Zip: _____
 Preferred Phone Number: _____ Email Address: _____
 Parent/Guardian _____ Cell Phone Number: _____
 Parent/Guardian _____ Cell Phone Number: _____

Check One: Resident _____ (those who pay property taxes to the Village of Mount Horeb) Non-Resident _____
Shirt Size: Youth: S (6/8) _____ M (10/12) _____ L (14/16) _____ Adult: S _____ M _____ L _____ XL _____

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

Please make checks payable to the Village of Mount Horeb \$5.00 registration late fee (if applicable) _____
Total Due _____

Method of Payment	Cash _____	Credit Card: Visa _____ MasterCard _____ Am. Express _____ Discover _____	Check _____	Card #: _____	Expiration: _____	3 Digit Code: _____
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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.**

Youth Sports Player Assessment: Height: _____ Weight: _____
Speed: Fast Average Slow **Skill:** Good Average Below **Experience:** _____

Can you volunteer coach? _____ Name & Phone Number of Volunteer: _____
 Program: _____ T-shirt Size: S _____ M _____ L _____ XL _____ XXL _____

Special Accommodations: _____

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** _____

Assume you are registered for all the programs you have signed up for.
The Recreation Department will only notify you if a program is full or canceled.

For office use: Check # _____	Credit Card _____	Cash _____
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