

PROGRAM REGISTRATION FORM

Mount Horeb Recreation Department
105 N. Grove Street, Mount Horeb, WI 53572



Before filling out, we strongly encourage you to create a FREE ActiveNet account.

PRIMARY HOUSEHOLD CONTACT INFORMATION

Name (Last) _____ (First) _____
 Address _____ APT # _____
 City _____ State _____ Zip _____
 Phone Primary () _____ - _____ Secondary () _____ - _____
 E-mail Address _____ Birth Date ____/____/____

Mark one:

- Resident (*Those who pay property taxes to the Village of Mount Horeb*)
 Non-Resident

Emergency Contact (Name & phone)
 To be used in an emergency—only if primary or secondary phone contacts are not available.

Participant Name (First & Last)	Birth Date	Program Title (Level)	Code # (7 digit)	Fee
<input type="checkbox"/> Female <input type="checkbox"/> Male Month/Day/Year (Required)				\$
Special Considerations (<i>i.e. medications, disabilities, allergies, etc.</i>):	Age:	School & Grade (Youth Only)	T-Shirt Size (<i>circle if applicable</i>) Youth: S6-8 M 10-12 L 14-16 Adult: S M L XL XXL	
Participant Name (First & Last)	Birth Date	Program Title (Level)	Code # (7 digit)	Fee
<input type="checkbox"/> Female <input type="checkbox"/> Male Month/Day/Year (Required)				\$
Special Considerations (<i>i.e. medications, disabilities, allergies, etc.</i>):	Age:	School & Grade (Youth Only)	T-Shirt Size (<i>circle if applicable</i>) Youth: S6-8 M 10-12 L 14-16 Adult: S M L XL XXL	
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Special Considerations (<i>i.e. medications, disabilities, allergies, etc.</i>):	Age:	School & Grade (Youth Only)	T-Shirt Size (<i>circle if applicable</i>) Youth: S6-8 M 10-12 L 14-16 Adult: S M L XL XXL	

I would like to volunteer coach: Yes No If yes, which program _____
 Contact information (phone/email): _____
 Shirt size (circle): AS AM AL AXL AXXL

“Round Up”
 for Youth Recreation
 Rounding up your program fee helps provide financial assistance for those unable to afford the program fee for youth activities.

Total Fees \$ _____
 Credit \$ _____
 Sub Total \$ _____
 \$ _____
Total Amount \$ _____

I, the undersigned or parent/guardian of the individuals named above, do hereby understand that I have registered the individual(s) named herein to participate in the aforementioned activity(ies) and further agree to indemnify and hold harmless the Village of Mount Horeb and its employees from and against any and all liability. In addition, I understand that the requested program indicated above, like all activities, have some inherent risk involved. Furthermore, the individuals named herein are in good physical condition appropriate for the stated activity(ies) and that participants must assume full responsibility for injuries incurred while taking part in an activity. No accident insurance is provided by the Village of Mount Horeb. I/ We have read and agree to the registration and related department policies, including the right to use my or my child’s photograph or image with or without my child’s name, both single and in conjunction with other persons for any and all purposes including, but not limited to, presentations, advertising, publicity, and promotion relating thereto.

Payment Method: Cash Gift Certificate

Check (Payable to: VILLAGE OF MOUNT HOREB) # _____

Credit Card (*circle*) Exp. Date ____/____

Card # _____

CVV Code (3-digit): ____ _

Card Holder Name: _____

Signature: X _____

ALL ADULT PARTICIPANTS MUST SIGN BELOW.
IN ADDITION, THE SIGNATURE OF A PARENT OR LEGAL GUARDIAN IS REQUIRED FOR YOUTH.

X _____
Signature Date

QUESTIONS? Call (608) 437-3400 for assistance
M-TH 7:15AM-4:30PM, F 7AM-12PM