Lake Mills Recreation Department Registration Form

120 E. Lake Park Place, Lake Mills, WI 53551 * 920-648-8035

Parents/Guardians Na	Date: Sport/Activity							
\Box I am interested in C								
Email (Preferred): Phone: (Preferred) Address:		LM Resident		Non-Resident (add \$10)				
		(Secondary)						
		City		Zip				
	Phone							
•	n case parent/guardian can		•					
	n concerns:							
Name of Participant	Program		Grade	Age	DOB	M/F	*Shirt Size	Fee
John Doe - Example	Basketball Camp		3	8	1/1/2004	М	YS	4
			<u> </u>	-		_		
				Α	Add Late/No	n Res l	Fee \$10	
					Total Fee			
*Shirt Sizes: (Youth) YS, YM	/I, YL or (Adult) AS, AM, AL,	, AXL N	1ethod of pay	ment:	Cash Ch	neck #		
Please make checks pa	ayable to: Lake Mills Recrea	tion Departme						
 (a) Agree that prior to particip coach or supervisor of such co (b) Agree that the parent(s) o they believe that anything is usponsor or other agent of the Acknowledge and fully understand severe social and economithe rules of play, or the conditions. 	o participate in the Lake Mills Recreationating, they will inspect the facilities a condition(s) and refuse to allow their clar legal guardian(s) will instruct the minumsafe, they should advise the coach of Lake Mills Recreation Department Prostand that each participant will be enginic losses which might result from the tion(s) of the premises or the equipment and agents not reasonably foreseeable and tisability, or death.	ion Program, the un and the equipment t hildren to participat nor that prior to par or supervisor of such ogram. gaging in activities the ir own actions, inactivent used. Further, t	dersigned parent(so be used, and if the e. ticipating, they show condition(s) and in the tinvolve risk of soin, or negligence here may be other	ney believe buld insporefuse to serious in as well a risks unk	re that anything is ect the facilities a participate, without jury, including pe s the actions, inac nown to the Lake	s unsafe, nd equip out fear c rmanent ctions, or Mills Re	ment to be of reprisal by disability and regligence creation Pro	dvise their used and if y any coach, nd death, e of others, ogram
3. Intending to be legally bound Lake Mills, Sponsors, Supervis undersigned, his or her heirs alleged to be caused in whole travel to participate in a Lake	, hereby release, waive, discharge, or fors, Coaches, Volunteers, Officials, or and next of kin for any claims, demand or part by the negligence of the "rele	r the other agents, a ds, losses, or damag eases" or otherwise	ll of which are refe es on account of ir in connection with	erred to a njury inclu associati	s "releases" from uding death or da ion or participatio	all liabili mage to on in and,	ty from the property, ca	aused or out of my
medication, medical treatmer execute on my behalf permiss not immediately available to o	nt, or surgery deemed necessary by lic sion forms regarding treatment of my do so.	censed medical pers minor participant o	onnel. I/we also gi r other necessary I	ve my pe medical d	rmission for atter ocuments and to	nding me act in my	dical persor y/our behal	nnel to
My/our child has completed a Lake Mills Recreation Departr	a physical exam, given by licensed med ment.	·	e last 24 months, a	and is phy	ysically fit to com	pete in a	ctivities rela	ated to the
Participants or their parents (if part use as the Recreation Department	ticipant is under 18) permit the taking deems necessary.	Photo Policy of photos, audio ar	d videotapes durir	ng Recrea	ition Department	activities	s for publica	ation and
Signature		Do	ite		<u> </u>			