



# GENERAL PROGRAM REGISTRATION FORM

Family Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_ Resident  NR

Parents/Guardians (youth registration only) \_\_\_\_\_

Mom Work \_\_\_\_\_ Mom Cell \_\_\_\_\_ Dad Work \_\_\_\_\_ Dad Cell \_\_\_\_\_

Email Address \_\_\_\_\_

Participant Name	M/F	DOB	Shirt Size <small>(Where Applicable)</small>	Program Name	Fee
<b>Total Fee</b>					

List All Family Members to set up Family Account			
First Name, Last if Different	Date of Birth	Gender	Relationship

Cash     Check     Credit  
 Card #: \_\_\_\_\_  
 Sec Code: \_\_\_\_\_ Exp. \_\_\_\_\_  Visa  Mastercard  Discover  
 Date: \_\_\_\_\_ Amount Paid: \_\_\_\_\_  
 Signature: \_\_\_\_\_

**Liability Waiver:** I understand participation in parks and recreation programs involves elements of risk or danger for all participants and may cause serious injury, death or property loss. I agree to assume these risks for my family and release the Village of Allouez, its employees, volunteers agents and other participants from any liability for injuries and damages sustained while participating in these programs.

**Medical Emergency Release Waiver for Minors:** In the event of a medical emergency, I authorize the Parks, Recreation, and Forestry Department Staff to obtain medical treatment for me and/or my son/daughter or minor for which I am guardian.

**Photo/ Video Release:** I agree to allow publication of any media taken of me or my child at any program, event or facility of the Village of Allouez.

**Medical Information:** If there are any medical conditions/allergies/disabilities the instructor/program supervisor should be aware of, the participant or guardian of the participant should discuss this with the instructor/program supervisor the first time the program meets.

**Concussion Waiver:** As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the inherent risk of receiving a concussion or head injury and understand that your child must be removed from practice/play if a concussion is suspected. It is your responsibility to seek medical treatment if a suspected concussion is reported and understood that your child may not return to practice/play until providing written clearance from an appropriate health care provider.

**Nondiscrimination Policy:** It is the policy of the Village of Allouez that no person shall, on the basis of race, color or disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any sponsored program, activity or employment. Pursuant of the Americans with Disabilities Act, the Village of Allouez will make every reasonable effort to accommodate persons with disabilities in the provision of the Village services, program or activities. If you require special accommodation in order to participate, please inform us when you register.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_