

RECREATION REGISTRATION FORM

Please fill out the registration form below to register for a recreation program or activity. Complete the form in its entirety and include correct Resident (R) or Non-resident (NR) fees. Registration forms received with missing information or missing payments may be rejected. Please remit payment and your registration to: Columbus Recreation, 161 North Dickason Blvd. Columbus, WI 53925.

Adult First & Last Name _____

Adult Phone Number _____

Adult Address _____

City / State / Zip _____

Adult Email Address _____

Activity Name	Session Number	Participant Name (First & Last)	Gender	Birth Date	Grade	Shirt Size Youth or Adult	Fee (\$)
						Y A	
						Y A	
						Y A	
						Y A	
						Y A	
						Y A	
						Y A	
Subtotal:							\$ _____

Please list any food allergies or special accommodations for each participant:

Participant Name: _____ Note: _____

Participant Name: _____ Note: _____

As a participant of the above listed program (s), I hereby give my permission to participate in any or all of the above activities for the current season. I hereby hold harmless and indemnify the City of Columbus, its appointed and elected council, boards and committees, employees, and volunteers from any and all claims, damages losses and expenses including but not limited to attorney's fees attributable to bodily injury, sickness, disease, personal injury and death. I also hereby state that I will hold harmless the City of Columbus, it's appointed and elected council, boards and committees, employees, and volunteers from any transportation bodily injury, property damage or physical damage claims to participants. I further state that I will be financially responsible for the return and care of any equipment issued to myself, and will insure that such equipment is returned to the designated party by the date specified.

Participant (or participant's guardian)

Date

Interested in assisting in our programs or coaching???

Please list your name and contact number here: _____