

Columbus Recreation: Youth Basketball

Please fill out the registration form below for a recreation program or activity.
Complete the form in its entirety and include correct Resident/Non-Resident fees.
Registration forms received with incomplete information and/or incorrect fee will not be accepted.

Online registration is NOT available for this program.

Please return form and payment to:

Amy Meyers, 788 Warner Street, Columbus, WI 53925

For questions: (H) 920-623-3386, (C) 920-366-2558, majmeyers@charter.net

Please make checks payable to: City of Columbus

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| Adult/Guardian First & Last Name (s): _____ Address: _____ Home Phone: _____ Cell Phone: _____ Email Address: _____ Interested in Volunteering? Y / N |
| Activity: _____ Session: _____ Fee: _____ Participant First & Last Name: _____ Gender: _____ Date of Birth: _____ Grade: _____ Shirt Size (please indicate youth or adult & small, medium, or large): _____ Allergies, special accommodations, etc: _____ |
| Activity: _____ Session: _____ Fee: _____ Participant First & Last Name: _____ Gender: _____ Date of Birth: _____ Grade: _____ Shirt Size (please indicate youth or adult & small, medium, or large): _____ Allergies, special accommodations, etc: _____ |
| Activity: _____ Session: _____ Fee: _____ Participant First & Last Name: _____ Gender: _____ Date of Birth: _____ Grade: _____ Shirt Size (please indicate youth or adult & small, medium, or large): _____ Allergies, special accommodations, etc: _____ |

As a participant of the above listed programs, I hereby give my permission to participate in any or all of the above activities for the current session. 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 and 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, its 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 I will insure that all equipment is returned to the designated party by the date specified.

Signature of Parent/Guardian: _____ Date: _____

Office Use Only: ___ R / ___ NR PD: ___ Cash / ___ Check # _____ Date: _____