

Spring Green Recreation Program Registration Form - 2010

(One child per registration form)

Child's Name _____ M ____ F ____ Age _____

Parent/Guardian Name _____

Home Phone _____ Work/Cell Phone _____

Address _____ City _____

Emergency Contact _____ Phone _____

Special Considerations (Allergies, Medications, etc.)



Session Number

Afternoon/Morning/Both

Cost

TOTAL COST _____

Please Make Checks Payable to: Village of Spring Green

Mail or Drop off Registration at: Village of Spring Green
PO Box 158
154 N. Lexington St.
Spring Green, WI 53588

Waiver of Liability: Please read carefully before signing.

I, the undersigned parent or guardian, waive all rights to hold the Village of Spring Green, the Parks and Recreation Department of the Village of Spring Green, its directors, officials, and employees responsible for any injuries sustained by any member of my family, or anyone under my guardianship participating in the Spring Green Recreation Program during the year of 2010. This waiver shall be binding on any program organized by the above-mentioned department or committee.

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____ Date _____