

2018 PROGRAM REGISTRATION FORM

Family Last Name: _____ Father: _____ Mother: _____ Home Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Family Email: _____ Emergency Contact: _____ Phone Number: _____

(Check Box) If Text Messaging Information has not changed and is the same as last year. (Only complete the following if you are new or have changes)

Text Messaging Info: Name: _____ Birth Date: _____ Cell Phone Number: _____ Provider: _____

Name: _____ Birth Date: _____ Cell Phone Number: _____ Provider: _____

Special Considerations (allergies, disabilities, etc.): _____

Registrant Name (First/Last)	M/F	Birth Date	Age	Fall Grade	School	Shirt Size <small>Youth—XS, SM, M, L Adult—S, M, L, XL</small>	Program Numbers	Fee
Viroqua Parks and Recreation Department is uses a messaging system through Rec Desk to communicate schedule changes or cancellations. Please be sure to include your birthdate, along with your cell phone number and provider or email address to receive these notifications. Thank you!							Traveling/Tackle FB Fees:	
							Total Fees:	

IMPORTANT

I the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the League, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with sports, I hereby release, discharge and/or otherwise indemnify the City of Viroqua, it's affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of registrants participation in the programs and/or being transported to or from the same, which transportation I hereby authorize. I agree to return all parts of the uniform owned by the Viroqua Parks and Rec. Dept. or pay for any lost items.

CONSENT TO MEDICAL TREATMENT (MINOR): As a parent or legal guardian of the above-name child, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or well-being of my dependent.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

MAIL FEES TO: VIROQUA PARKS & REC, 202 N. MAIN STREET, VIROQUA, WI 54665

Scholarships are available for those in need.

FEES: City Resident: \$75.00 Maximum per family **Non-Resident:** \$100.00 Maximum per family---**Family Rate excludes tackle football and traveling teams.**

Programs will begin the week of **June 11, 2018** and end the week of **July 16, 2018**. Playoffs for Midget and Little League will begin on July 18th & 19th with Championship games on July 25th. **NOTE:** If you turn 13 before June 1st, you will not be allowed to play Little League.

****If your family qualifies for the family rate, you CANNOT register online. You must use the paper registration form. Thanks. ****

Office Use:

Check #:

Cash Paid

Date