



W482 Clifton Road, Sherwood, WI 54169

PROGRAM REGISTRATION FORM

***Please Print, One Family Per Form**

***Residency Status Will Be Verified**

Parent First Name: _____ Last Name: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Home Ph: _____ Cell Ph: _____ Work Ph: _____

Secondary Contact Person: _____ Relationship to Child: _____

Home Ph: _____ Cell Ph: _____ Work Ph: _____

Residency: Village of Sherwood Other: _____

Participant First & Last Name	M/F	Birthdate	Class	Fee

Child's E-mail: _____ **Total Fee \$** _____

(Must provide for Babysitter/Home Alone Course otherwise a \$10.00 handling fee is required.)

LIABILITY INFORMATION: You should be aware that Parks and Recreation programs involve an element of risk or danger for all participants and may cause serious injury, death or property loss. The Village of Sherwood Parks and Recreation Department does not provide nor cover any medical or hospital insurance for participants in our programs. All persons participating in Village of Sherwood Park and Recreations Department sponsored activities must provide their own insurance and assume risk of all injuries.

PHOTO RELEASE: I authorize Village of Sherwood Parks and Recreation Staff to photograph me (or my underage child(ren) and to use the photos to promote their programs and services in printed materials or on the web without further notice to me. Names will not be published. _____

MEDICAL INFORMATION WE SHOULD KNOW:

Parent/Guardian Signature: _____ Date: _____

I have read and understand the liability and photo release information listed above.