

# VIROQUA PARKS & RECREATION DEPARTMENT REGISTRATION FORM

Family Last Name: \_\_\_\_\_ Father: \_\_\_\_\_ Mother: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Family Email: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Text Messaging Info:** Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_ Cell Provider: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_ Cell 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 using a new 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!							<b>Total Fees:</b>	

### 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 Park and Rec. 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.  
**\*\*Family Rates from Summer Activity Guide do not apply towards these programs.\*\***