

REGISTER

Online registration for everyone begins:

Travel Baseball/Softball Teams, March 18

All Programs, April 1

PAPER FORM REGISTRATION

1. Carefully and clearly complete the registration form. Incomplete registration forms will delay or prevent us from processing your registration. Include the CLASS NAME for each desired program.

2. Make checks payable to Viroqua Parks & Recreation.

3. Drop off or mail your registration to 320 Tom Henry Ct. Viroqua Wi 54665

We do not take registration over the phone.

ONLINE REGISTRATION

Register online for classes and activities! In just minutes, you can view a list of programs, register, and submit your payment all from your computer. It's quick, easy, and immediate confirmation is given via e-mail. Please note that convenience fees are assessed. To register online, go to Viroqua-wisconsin.com and click on:

- ▶ City
- ▶ Departments
- ▶ Parks & Recreation
- ▶ Payment & Registration

PLEASE REMEMBER...

The Department does not mail receipts or registration confirmations. Enclose a self-addressed, stamped envelope if you wish to receive a mailed receipt. We will email your receipt if you include an email address.

Late Registration Policy: Program fees will not be pro-rated for late registration. Instructors will not accept registration/payment at classes.

WHAT IF...

Your class is full? You will be placed on a waiting list. We will send your check back to you or will credit your account. You will then have the option of applying the credit on your account to enrollment in another program.

NOTE: If you send ONE CHECK to cover numerous programs, and you are unable to get into ALL of the programs, we will credit your account for the unavailable program.

Your class is canceled?

Refunds are made in full only when the Department cancels a program due to lack of enrollment. Refunds will not be given after a program has begun except in instances of emergencies or medical issues.

Viroqua Parks & Recreation Department Registration Form

Last Name of Family/Head of Household: _____

Street Address: _____ Mailing Address, if Different: _____

City, Zip: _____ Home Phone: _____

Work Phone: _____ Cell Number: _____ Cell Carrier: _____

E-mail my receipt! E-mail Address: _____

Parent(s) Name(s) & Birthdate(s): _____

Program Name: _____ Participant Name: _____

Gender _____ DOB _____ 2024-25 Grade _____ Shirt Size: _____

Program Name: _____ Participant Name: _____

Same as Above Gender _____ DOB _____ 2024-25 Grade _____ Shirt Size: _____

Program Name: _____ Participant Name: _____

Same as above Gender _____ DOB _____ 2024-25 Grade _____ Shirt Size: _____

Child has allergies or special accommodations; please list. _____

Are you interested in being a coach or coach's assistant for your child's team? Yes _____ No _____

If yes, please indicate your full name _____ Coach _____ Assistant _____