Stoughton Parks & Recreation Department Registration Form

Parent/Guardian Name:

Home Phone: Cell/Work Phone:

Address:

City: Zip Code:

Email:

Please note special health concerns:

Do you require special accommodations:

Participant's First & Last Name	Birth Date	Grade	M/F	Shirt Size	Program Code	Fee

Payment Options (Check Box)

Total Program Fees:

☐ Cash ☐ Check ☐ Credit Card (Circle One) MasterCard VISA

Credit Card #:__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ Exp. Date: ___/___ Security Code: __ __ __

Would you like to volunteer coach? Name of Coach

WAIVER

I ACKNOWLEDGE, UNDERSTAND, AND FULLY ASSUME THE RISKS OF PARTICIPATION IN RECREATIONAL ACTIVITIES AND I FULLY AGREE NOT TO HOLD LIABLE THE CITY OF STOUGHTON, THE STOUGHTON SCHOOL DISTRICT, THE STOUGHTON RECREATION DEPARTMENT, OR ANY OFFICERS, AGENTS, OR EMPLOYEES THEREOF FOR ANY PERSONAL INJURY, DAMAGE, OR LOSS OF PERSONAL PROPERTY arising out of, or in connection with, participation in a Stoughton Recreation program, event, or activity, except for damage or injury resulting from intentional or reckless acts of the Stoughton School District, the Stoughton Recreation Department, or any officers, agents, or employees thereof. I also understand the City of Stoughton, Stoughton Recreation Department, and the Stoughton School District DO NOT carry insurance on any of the participants.

- ☐ I have read and understand the WAIVER OF LIABILITY AGREEMENT and choose to accept the terms and conditions without exercising my ability to negotiate the above terms and conditions by signature below.
- ☐ I choose to exercise my ability to negotiate the terms and condition of the waiver of liability agreement and understand that I must contact the Recreation Deparment, at (608) 873-6746 prior to participation in a Stoughton Recreation Department program, event, activity, or reservation.

Signature of Parent/Guardian: Date:

CONCUSSION AWARENESS WAIVER—WI ACT 172

I have reviewed Stoughton Park and Recreation's Concussion Awareness Information and I agree that if it appears that my child may have sustained a concussion or head injury that he/she is to removed from any program until such time a trained medical professional can examine them and approve their return to play, pursuant to Wisconsin Act 172 relating to concussions and other head injuries. In such case, I understand I am to provide written clearance from a trained medical professional for my player to return to the activity for the City of Stoughton. I have read and fully understand the statement regarding concussions.

Signature of Parent/Guardian: Date:

For Office Use Only

Cash:_____ Check #:_____ Credit Card:_____ Amount:_____ Date:_____ Received By:_____

Mail to: Stoughton Parks & Recreation Department, 381 E. Main St, Stoughton, WI 53589