VILLAGE OF FREDONIA PARKS AND RECREATION REGISTRATION FORM

(Please Print Legibly)

HOUSEHOLD FIRST NAME_____ LAST NAME_____

STREET_____ CITY_____ ZIP _____

PHONE(HOME)_____ (CELL)_____

E-MAIL_____

Programs held on village property use Village of Fredonia boundaries as the residency requirements for fees.
A Fredonia mailing address does not automatically mean you are a village resident.

SHIRT SIZE *(if requested)* Name_____ YS (6/8) YM (10/12) YL (14/16) AS AM AL

Name_____ YS (6/8) YM (10/12) YL (14/16) AS AM AL

Name _____ YS (6/8) YM (10-12) YL (14/16) AS AM AL

SPECIAL CONSIDERATIONS (Medication, disabilities, allergies etc.):_____

_____

Please consider this registration form confirmation of program requested. We will only contact you in the event of a correction or cancellation.

Mail, or drop off Form & Payment to:
Village of Fredonia
Parks and Recreation Department
P.O. Box 159
242 Fredonia Avenue
Fredonia, WI 53021
Phone: 262-692-9125
Fax: 262-692-2883
www.village.fredonia.wi.us

Participant's Name (include Last Name if different than above)	Child's Age	Grade	Fee

Cash _____ **Check #** _____ **Total Fee** _____ **Total:**

LIABILITY WAIVER: I the undersigned do herby agree: or agree for the above named registrant for whom I am the parent or guardian, to participate in the activity indicated and am aware of and understand that there may be risks and hazards inherent with participants in this activity. I affirm that I, or the minor registered for this activity, am doing so as a voluntary participant. In consideration for my participation or participation of the minor I do hereby agree to release, waive, absolve, indemnify on behalf of myself or minor, my/his/her family, my/his/her heirs and my/his/her assigns the Village of Fredonia, it employees, officers, agents and sponsors from liability, for injury, death or loss suffered by me or the minor in any and all present and future claims, liabilities, damages or right of action directly or indirectly resulting out of participation in the activity, using the facilities, or engaging in any activities incidental thereto during the duration of the scheduled program, which result from the ordinary negligence for the Village of Fredonia, its employees, officers, agents and sponsors. The Village of Fredonia does not provide accident insurance to participants in recreational activities and I assume, or agree for the above named registrant for whom I am the parent or guardian, full responsibility for any and all damages which may occur to me or the above named registrant while participating.

MEDICAL RELEASE WAIVER FOR MINORS: In the event of a medical emergency, I authorize the Parks and Recreation Department Staff to obtain medical treatment for my son/daughter or minor for which I am a guardian.

PHOTO RELEASE: I agree to allow publication of any photos taken at any program, event or facility of the Village of Fredonia Parks and Recreation Department.

X Signature_____ Date_____ Rec'd By_____