

PARTICIPANT REGISTRATION FORM

Town & Village of Eagle Recreation Department

PO Box 575, Eagle WI 53119

820 E Main St., Eagle WI 53119



Father Name: _____

Mother Name: _____

Father Cell Phone: _____

Mother Cell Phone: _____

Father Email: _____

Mother Email: _____

Address: _____

City: _____

Zip: _____

Emergency Contact Name: _____

Phone: _____

Please note any special needs, allergies: _____

T-shirt Sizes: YS, YM, YL, YXL or Adult S, M, L, XL, XXL

Participant Name	Grade	School	Sex	Birthdate	Shirt Size	Activity Name & Time	Session 1 or 2	Fee
								\$
								\$
								\$
								\$
								\$
								\$
							Total Fee Due:	\$

LATE FEES: Registrations must be received by 3:30pm on the deadline date. Registrations after this time will receive a \$10.00 late fee per participant. The Recreation Director will determine acceptance of the late registration.

Mail Form and Payment to:

Eagle Recreation Dept., PO Box 575, Eagle WI 53119
OR

Drop Off Box Location:

820 E Main St., Eagle WI 53119

I, as the participant or parent/legal guardian of the above named child(ren), hereby give permission for my/his/her participation in the above listed activity(ies). I am aware of and understand that there may be potential risks involved with participation in any activity, and that the Town and/or Village of Eagle do not provide accident insurance and cannot assume any responsibility for injury to any participants in its recreation programs. I agree to hold harmless the Town and/or Village of Eagle and its officers, employees, and volunteers from any and all claims.

Signature

Date