

Program Registration Form

Verona Recreation Department

410 Investment Ct. Verona, WI 53593

For Office use only

Check # _____

Date _____

Last Name: _____ Address: _____ School: _____

City: _____ Zip: _____ Home Phone: _____

Mother's Name: _____ Cell Phone: _____ Email Address: _____

Father's Name: _____ Cell Phone: _____ Email Address: _____

Has any of your contact information has changed? Yes No

Program Name	Session	First Name/Gender	Birth Date	Grade <small>(15-16 school year)</small>	T-shirt size <small>(YS, YM, YL, AS, AM, AL)</small>	*Friend Request 1 per registrant	Fee
EX. Playground	#1	Allison/Girl	6/04/03	6	AS	Amber Jennings	\$135

*Requests are for team sports only. Requested individual must request you. TOTAL FEE PAID: \$ _____

Requests are not guaranteed, but we will do our best to grant them if it is at all possible.

Youth Sport Player Assessment

Height _____ Weight _____ Speed (Fast/Average/slow) Skill (Good/Average/Below) Experience _____

VOLUNTEER COACH? **Yes** I would like to coach my son/daughter's team in this activity: _____
(Circle)

Name: _____ Day Phone: _____ Email: _____ Shirt Size: M L XL XXL

PLEASE READ THE FOLLOWING AND SIGN

"We the undersigned, hereby acknowledge that we are familiar with the risk and dangers inherent in recreational activities. We hereby grant permission for the undersigned child/ward to participate in such activity. We agree to hold the City of Verona, its officers, agents, and employees, both individually and in his or her official capacity, harmless from any liability for injury or damage to person or property as a result of the undersigned's participation in said activity(ies). We further agree that the person supervising the activity may, without further permission, take whatever step he or she deems necessary in case of injury. Which may include, obtaining emergency medical or dental care and to hold the City of Verona, its officers, agents, and employees harmless from liability in connection therewith as above specified."

_____ _____
PARENT/GUARDIAN SIGNATURE DATE

As a Parent and Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury.

<p>Athlete Agreement: I _____ have read the Athlete Concussion and Head Injury Information and understand what a concussion is and how it may be caused. I understand the importance of reporting a suspected concussion to my coaches and my parents or guardian. I understand that I must be removed from practice or play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play. I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.</p> <p>Athlete Signature _____ Date _____</p>	<p>Parent Agreement: I _____ have read the Parent Concussion and Head Injury Information and understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected. I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me. I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach. I understand the possible consequences of my child returning to practice/play too soon.</p> <p>Parent/Guardian Signature _____ Date _____</p>
--	--

ASSUME YOU ARE REGISTERED IN ALL THE PROGRAMS YOU HAVE SIGNED UP FOR.

THE VERONA RECREATION DEPARTMENT WILL ONLY NOTIFY YOU IF A PROGRAM IS FULL OR CANCELLED.