

**Richland Center Parks and Recreation Department**  
**600 W. Seminary Street**  
**Richland Center, WI 53581**

**Program Registration Form**

\*\*Please include with registration fees\*\*

Family Last Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

E-mail address \_\_\_\_\_ (For Recreation Department use only)

Parent/Guardian Name(s) \_\_\_\_\_

Emergency Contact (Name and Phone Number) \_\_\_\_\_

Participants' Name	Gender	'11-'12 Grade	Program Name	Dates/Times	Fee	

**\*\*Please make checks payable to the Richland Center Parks and Recreation Department\*\***

**Waiver of Liability**

The City of Richland Center Parks and Recreation Department does not provide nor cover any medical or hospital insurance for program participants. You are encouraged to obtain your own insurance prior to taking part in any Department activity. I understand that program fees are not refundable.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Assume you are registered in all the programs you have signed up for. Please call (608) 647-8108 if you have any questions on the status of your registration. The Richland Center Parks and Recreation Department will only notify you if there has been a change in program, if a program is full, or if a program has been cancelled.

***\*Please make additional copies for your records of when the programs are or what you may have signed up for.\****

***Or go online for printable copies: [www.ci.richland-center.wi.us](http://www.ci.richland-center.wi.us)***

**For Office Use:**  
 Payment \_\_\_\_\_  
 Cash \_\_\_\_\_  
 Check # \_\_\_\_\_  
 Date Paid \_\_\_\_\_