

2018 REGISTRATION FORM
VILLAGE OF NEW GLARUS (www.newglarusvillage.com)

PLEASE COMPLETE IN FULL. **PAYMENT: TO VILLAGE OF NEW GLARUS**

Last Name: _____	Street Address: _____
Home Phone: _____	City: _____ Zip: _____
Parents: _____	Day Phone(s): _____
Email Address: _____	

CHECK ONE: RESIDENT (R) NON-RESIDENT (NR)

Please remember that a VILLAGE RESIDENT resides within the village limits (pays real estate tax on their primary residence to the Village of New Glarus)

SEASON POOL PASS:

NAMES:

Check Pass Type:

Single \$50R \$85NR

Family(2-4) \$95R \$165NR

Additional Family Member (each) \$11R \$15NR

Child(age 4 or under) \$20R \$25NR

Daycare \$15 (with family pass)

PASS FEE: _____

Special Considerations (Diabetes, Seizures, other) THIS INFORMATION IS VERY IMPORTANT FOR OUR LIFEGUARDS TO RESPOND ACCORDINGLY. _____

Emergency Name/Phone/Relationship (If no answer at above numbers): _____

PROGRAMS-See individual informational sheets for dates/times and specific information

PROGRAM NAME	FIRST NAME	AGE	GRADE COMPLETED	SWIM LESSONS		FEE
				SESSION (1,2,or 3)	LEVEL	
PROGRAM FEE						\$

TOTAL FEE PAID \$ _____

DATE PAID: _____ **CASH/CHECK #** _____

PLEASE READ AND SIGN THE CONSENT FORM:

We 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 Village of New Glarus, 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 Village of New Glarus, its officers, agents and employees harmless from liability in connection therewith as above specified.

We agree to support and provide our fair share of transporting the players to out of town games. I/We also agree to be responsible for returning all equipment and uniforms at the end of the season, which are issued to our player that is the property of the Village of New Glarus Recreation Department.

Signed _____
 Participant's parent(s) or guardian

VILLAGE OF NEW GLARUS - RECEIPT

NAME: _____

AMOUNT PAID: \$ _____

DATE: _____

Received by: _____