

REGISTRATION FORM

Merrill Park and Recreation Department – 1100 Marc Drive, Merrill, WI 54452
Office hours: Monday – Friday 7:30 – 4:00 p.m. Phone: 715-536-7313

CHILD'S NAME: _____

PARENT'S NAME: _____

EMAIL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

SCHOOL: _____ GRADE: _____ AGE: _____

MALE: _____ FEMALE: _____

COACH: ___ YES ___ NO WILLING TO HELP COACH: ___ YES ___ NO

PROGRAM:

1. _____ FEE: _____

2. _____ FEE: _____

3. _____ FEE: _____

4. _____ FEE: _____

TOTAL FEE: _____

T-SHIRT SIZE: (CIRCLE ONE) YS YM YL YXL AS AM AL AXL

By signing this form I acknowledge that the information provided above is true and accurate and that the recreation programs may result in injury and I agree to hold harmless the City, sponsors, supervisors and other participants for any claim arising from injury to me or my child due to negligence or any other cause.

Parent/Guardian Signature: _____

****NO REFUNDS WILL BE GRANTED ONCE THE PROGRAM BEGINS****