

# REGISTRATION FORM

Merrill Parks & Recreation Department  
1100 Marc Drive, Merrill, WI 54452

Office Hours:  
Monday - Friday: 7:30 - 4:00

FAMILY LAST NAME: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

WILLING TO COACH YES \_\_\_\_\_ NO \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_ MALE: \_\_\_\_\_ FEMALE \_\_\_\_\_

PROGRAM:

1. \_\_\_\_\_ FEE: \_\_\_\_\_

2. \_\_\_\_\_ FEE: \_\_\_\_\_

3. \_\_\_\_\_ FEE: \_\_\_\_\_

4. \_\_\_\_\_ FEE: \_\_\_\_\_

5. \_\_\_\_\_ FEE: \_\_\_\_\_

TOTAL FEES: \_\_\_\_\_

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

BY SIGNING THIS FORM I ACKNOWLEDGE THAT THE INFORMATION PROVIDED ABOVE IS TRUE AN 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: \_\_\_\_\_