

RECREATION REGISTRATION FORM

Cottage Grove Parks and Recreation Department

Return form with legible handwriting and included payment to: 210 Progress Dr., Suite #2, Cottage Grove, WI 53527

Parent/Guardian Full Name (please print): _____

Street Address: _____

City: _____

ZIP: _____

Please Check One: Village of Cottage Grove resident Non-resident (includes **Town of Cottage Grove** residents)

Home Phone: _____

Cell Phone: _____

Work Phone: _____

E-mail Address (used only to inform of Village recreational activities): _____

Participant Full Name	Program Name	Code	Date of Birth	Sex	Shirt Size YS, YM, YL, AS, AM, AL	Current Grade	Program Fee
PROGRAM FEE SUBTOTAL							

I would like to volunteer as Coach (please print name): _____

Coaches Shirt Size _____

Please Check One: Head Coach Assistant Coach

LATE FEES: Registration is not guaranteed after program deadlines. A \$10 late fee will be added to all late registrations.

Release of Liability / Photo Release

I understand that the above activities I have registered for may have an element of hazard or inherent danger and I take full responsibility for my actions and/or the actions of my children. I agree to hold harmless the Village of Cottage Grove, its employees, and contractual instructors from any and all liability, loss, cost, or expense that I may incur while participating in any of the above programs. I hereby give consent for emergency medical treatment in the event it is needed. In addition, I give my permission to have my photo and/or my child's photo taken during the above events for the purpose of publicity.

Signature (must be over 18): _____

Date: _____

Concussion Awareness Waiver – WI Act 172

I have reviewed Cottage Grove Park and Recreation's Concussion Awareness Information and I agree that if it appears that my child may have sustained a concussion or head injury that he/she is to be removed from any program until such time a trained medical professional can examine them and approve their return to play, pursuant to Wisconsin Act 172 relating to concussions and other head injuries. In such case, I understand I am to provide written clearance from a trained medical professional for my player to return to the activity for the Village of Cottage Grove. I have read and fully understand the statement regarding concussions.

Signature (must be over 18): _____

Date: _____

**Please make checks payable to Village of Cottage Grove
No confirmation for programs is sent without a self-addressed, stamped envelope.**

OFFICE USE ONLY

Cash: _____ Check #: _____ Amount Received: _____ Date Received: _____ Received By: _____