

REGISTERING ADULT, PARENT, OR GUARDIAN (please print and fill out completely)

LAST NAME	FIRST NAME
ADDRESS	APT. #
CITY, STATE, ZIP	
HOME PHONE	CELL PHONE
EMAIL ADDRESS (most common means of information distribution)	
<input type="checkbox"/> CHECK HERE IF ANY INFORMATION HAS CHANGED	

YOUTH SOCCER ONLY

ALL PARENTS/ GUARDIANS MUST VOLUNTEER TO HELP THEIR TEAM. PLEASE CHECK AN AREA YOU ARE INTERESTED IN:

COACH CO-COACH w/ another parent Asst. Coach / Team Helper

If PRIOR TO 3 weeks before the season: PLEASE WRITE YOUR REQUEST BELOW.

PLEASE NOTE: YOU MAY REQUEST UP TO 2 TEAMMATES. REQUESTS FOR TEAMMATES MUST BE MADE BY BOTH PLAYERS AND RECEIVED PRIOR TO THE REQUEST DEADLINE.

FILL IN PROGRAM INFORMATION FOR EACH PARTICIPANT

ACTIVITY #	ACTIVITY #	ACTIVITY NAME	PARTICIPANT NAME	D.O.B.	M/F	ACTIVITY FEE
1ST CHOICE	2ND CHOICE					

SUBTOTAL \$

I HAVE READ AND UNDERSTAND THE CONCUSSION AGREEMENT FORM.

MORE INFORMATION: <http://www.chippewafalls-wi.gov/home/showdocument?id=1223>

YES NO (NOT ABLE TO PARTICIPATE)

I UNDERSTAND THAT PARTICIPATION IN PARKS AND RECREATION PROGRAMS INVOLVES AN ELEMENT OF RISK OR DANGER FOR ALL PARTICIPANTS AND MAY CAUSE SERIOUS INJURY, DEATH, OR PROPERTY LOSS. I AGREE TO ASSUME THESE RISKS FOR MY FAMILY AND RELEASE THE CITY OF CHIPPEWA FALLS, ITS EMPLOYEES, AND OTHER PARTICIPANTS FROM ANY LIABILITY FOR INJURIES AND DAMAGES SUSTAINED WHILE PARTICIPATING IN THESE PROGRAMS.

(PARENT/ GUARDIAN) SIGNATURE:	DATE:
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PAYMENT INFORMATION (MAKE CHECKS PAYABLE TO: CHIPPEWA FALLS PARKS AND RECREATION)

\$ _____ **TOTAL ENCLOSED**

CASH CHECK CHECK # _____

MASTERCARD AMERICAN EXPRESS VISA A 7% FEE IS ADDED TO YOUR REG. FEES, ROUNDED UP.

CARDHOLDER NAME: _____

CARD #:	EXPIRATION DATE:
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CARDHOLDER SIGNATURE: _____