

PROGRAM REGISTRATION FORM

***PROGRAM REGISTRATION BEGINS MONDAY, MARCH 18 FOR RESIDENTS & NON-RESIDENTS**



Go to www.littlechutewi.org/recreation
Click on Register Online

Directions are listed to help you create your family account. Staff will review your account request within 24 business hours. You will be notified when your account has been accepted. You can then register for programs throughout the year and pay with a credit card online.



Mail completed program registration form from this book along with your check to:

Little Chute Park & Rec Dept
108 W. Main Street
Little Chute, WI 54140

Registrations will be entered randomly by staff when received.



Registrations will be accepted in person at the Little Chute Park & Rec Dept on a first-come, first-serve basis during regular weekday office hours (8:00 a.m. to 4:30 p.m.).

Payments can be made by cash, check, or credit card.



2019 PROGRAM REGISTRATION Form may be photocopied as needed. Forms also available at the Village Hall and on our website. Use form for multiple people in same family.

Family Last Name:	E-Mail Address:		
Adult/Parent Name:	Adult Date of Birth:	Adult/Parent Full Address:	
Adult/Parent Name:	Adult Date of Birth:	Adult/Parent Full Address:	
Home Phone:	Cell Phone:	Child Lives With:	

PROGRAM NAME <small>(name is preceded by a star)</small>	PARTICIPANT'S NAME <small>(include last name if different)</small>	AGE ON PROGRAM START DAY	Date of Birth	Grade Fall of 2019	Gender (M/F)	Fee
LC resident/taxpayer proof shown:	For use by Little Chute Park and Rec only Date Paid: _____ Amount Paid: _____		TOTAL FEES:			

PARTICIPANT PICTURES: To promote our fantastic programs, from time to time photographs may be taken of participants during programs. Photos may be posted to our Facebook page, website, or program books. You must give us written notice if you or your family members do not want to be photographed or published.

WAIVER OF LIABILITY: In consideration of your accepting my child's or my entry, I hereby, for myself, my child, my heirs, executors and administrators, waive and release any and all rights and claims for damages I or my child may have against the representatives, successors, and assigns for any and all injuries suffered by myself or my child at an activity sponsored by these groups.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____