

KIMBERLY PARK & RECREATION REGISTRATION FORM HOUSEHOLD INFORMATION

Drop off form at: Village of Kimberly Park & Recreation Department, 426 W. Kimberly Ave, Kimberly, WI 54136

Mail form to: Village of Kimberly Park & Recreation Department, 515 W. Kimberly Ave, Kimberly, WI 54136

Please make additional copies of this form as needed.

PARENT(S) or GUARDIAN INFORMATION, Please PRINT CLEARLY AND FILL OUT FORM COMPLETELY

Last Name (primary contact person):	First Name:	Date of Birth:	Primary Phone:	Secondary Phone:
Street Address: If address has changed in the last year check here <input type="checkbox"/>		City:	Zip Code:	E-mail:
Secondary Contact First Name (list last name if different):		Date of Birth:	Phone:	
Resident: <input type="checkbox"/> Village of Kimberly Non-Resident of: <input type="checkbox"/> Village of Combined Locks <input type="checkbox"/> Town of Buchanan <input type="checkbox"/> Town of Harrison <input type="checkbox"/> Other _____				

CHILD/CHILDREN'S INFORMATION (Listing all children allows the Kimberly Park and Recreation a complete profile of you family for future reference)

Childs First Name	Last Name (if different)	Date of Birth	M/F	Grade in Fall	School Attending in Fall	T-Shirt Size
						YS YM YL AS AM AL
						YS YM YL AS AM AL
						YS YM YL AS AM AL

REGISTRATION INFORMATION (Description of programs offered – registration fees – and any apparel needed listed separately)

Participants First Name	Program selected & Time preference	Pants & belts, Enter size/type if needed	Baseball hat - \$15 Check if needed	Office Use Only
			TOTAL	

Participation Waiver: With this registration, permission is granted for participation in the various activities, and I hereby, for the participants, myself, the heirs, executors, and administrators, waiver and release any and all rights and claims for damages we may have against the Village of Kimberly, its representatives, successors, and assigns for all injuries suffered by the participants during these activities.

Concussion Agreement: As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury.

Parent Agreement: I have read the Parent Concussion and Head Injury Information and understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected.

- I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.
- I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach.
- I understand the possible consequences of my child returning to practice/play too soon.

Parent/Guardian Signature _____ Date _____