

Family Name _____

WB Village residents? Yes No

Address _____

City _____ State _____ Zip _____

Phone: Day _____ Evening _____

Email _____

Emergency Contact _____

Relationship to participant _____

Phone: Day _____ Evening _____

Special requirements _____

How did you hear about this program? _____

As a volunteer, I would like to _____ Method
of Payment: Cash or Check # _____ Total fee enclosed \$ _____

How to register:

1. Read and complete this form, especially the insurance liability waiver.
2. Make checks payable to Williams Bay REC DEPT.
3. Return the completed form to the drop box at Williams Bay REC DEPT. Po. Box 580 Williams Bay 53191. The Williams Bay REC DEPT. is located at Lions Field House

Please use one line for each participant and program.

Participant's Full Name	Grade/ Birthdate	Program Name

I have carefully read and fully understand the release and insurance liability waiver from the preceding page and understand a participant's signature is required. A parent/guardian's signature is required if the participant is under the age of 18 years.

Signature Print Name Date _____