

# WEST SALEM PARKS & RECREATION DEPARTMENT

## 2009-2010 Fall / Winter Registration Form

### HOW TO REGISTER

Please return this registration form with payment to the West Salem Parks & Recreation office. Please make checks payable to West Salem Parks & Recreation.

West Salem Parks & Recreation Department  
175 South Leonard Street  
West Salem, WI 54669

### PARTICIPANT INFORMATION

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ School Attending: \_\_\_\_\_

Township/City/Village: \_\_\_\_\_ Grade: \_\_\_\_\_

Participant resides with whom: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address (for program updates): \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Kalahari Water Park  
\$35

Holiday Party  
\$8 \$10 \$12

Gymnastics  
\$32 \$37 \$42

Crafts  
\$15 \$20 \$25

Youth Flag Football  
\$20 \$25 \$30

Halloween Party  
\$8 \$10 \$12

Wiggles & Giggles  
\$15 \$20 \$25

Jr. Wrestling  
\$30

Girls Fall Soccer  
\$20 \$25 \$30

Pee Wee Basketball  
\$20 \$25 \$30

Jr. League Basketball  
\$70 \$75 \$80

Cheerleading  
\$15 \$20 \$25

Rookie League Basketball  
\$30 \$35 \$40

Paintball Outing  
\$20 \$25 \$30

Girls Volleyball  
\$25 \$30 \$35

Ice Skating Lessons  
 Session I  
 Session II  
\$10 \$15 \$20

Martial Arts  
 Session I  
 Session II  
\$45 \$50 \$55

Additional forms may be  
Printed off our website  
[www.westsalemwi.com](http://www.westsalemwi.com)

### INTERESTED IN COACHING?

*(Circle one)*

YES NO

We are looking for both head coaches and assistant coaches. Please indicate coaching preference.  
*(Circle one)*

Head Assistant Either

Do you know of anyone who may be interested in **SPONSORING** your child's team? If so, please complete the following:

\_\_\_\_\_ Business Name

\_\_\_\_\_ Contact Name

\_\_\_\_\_ Phone Number

### Comments / Concerns:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Equipment Agreement

I understand that I am responsible for returning all equipment or I will pay the replacement costs. I also agree to return all equipment on the last scheduled game day or within 10 days of the last scheduled game if player is absent.

#### Waiver of Liability and Disclaimer

I the undersigned parent / guardian of the above named individual hereby give him/her permission to participate in the above marked activities, exclude the sponsoring agency and all volunteer workers from liability in the event of an accident or injury from participation under normal circumstances.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

#### FOR OFFICE USE ONLY

Amount Paid \_\_\_\_\_

Cash \_\_\_\_\_

Check \_\_\_\_\_

Check # \_\_\_\_\_

Money Ord. \_\_\_\_\_

Gift Cert. \_\_\_\_\_

Outst. Bal. \_\_\_\_\_

Date \_\_\_\_\_

Receipt # \_\_\_\_\_