TOWN OF VERNON
PARKS & RECREATION DEPARTMENT
REGISTRATION FORM

PLEASE RETURN TO:
Town of Vernon Parks & Recreation Department
W249 S8910 Center Drive, Big Bend WI, 53103
Phone: (262) 470-5187 • Website: www.townofvernon.org • Email: mzolecki@townofvernon.org

Participant Name ____________________________________________________________________________

Email Address ______________________________________________________________________________

Parent Name _________________________________________________________________________________

Parent Name _________________________________________________________________________________

Address _____________________________________________________________________________________

Primary Phone # ______________________________________________________________________________

City, State, Zip ______________________________________________________________________________

Secondary Phone # ____________________________________________________________________________

Special Needs (Contact the Parks & Recreation Department to Discuss) _______________________________

Allergies (Please advise Coach or Instructor) ______________________________________________________

_______ Resident (Town of Vernon) 
Check One: _____ Non Resident ($15.00/child or $23/family) 

*Check if willing to Coach ______

OPTIONS for Youth Sport Shirt Sizes are as follows: YOUTH SIZE = YS (6-8) YM (10-12), YL (14-16), ADULT SIZES = AS AM AL AXL

<table>
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<tr>
<th>Activity Name</th>
<th>Sex</th>
<th>Shirt Size (see above)</th>
<th>Grade (youth only)</th>
<th>School Attending</th>
<th>Age</th>
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Total

*PAYMENT MUST BE INCLUDED*

FRIEND REQUEST: ONLY ONE FRIEND NAME request per participant. Friends MUST request each other.

Friend’s Name is: (only one) _________________________________________________________________

(multiple name requests will not be reviewed)

I am aware of and understand that there may be potential risks inherent with participation in any recreation activity, and that the Town of Vernon and the Town of Vernon Parks & Recreation Department are not liable for any injury that may occur. The Town of Vernon and the Town of Vernon Parks & Recreation Department do not provide accident insurance and cannot assume responsibility for injury to any participants in its recreation programs. I give my permission to the Town of Vernon Parks & Recreation Department to take action (call emergency vehicles, transport to doctor/hospital) for myself or my child if immediate medical attention is required due to accident or illness while under his/her/their supervision.

SIGNATURE: Adult Participant or Parent / Guardian Signature (if participant under 18 years of age) ________________________________

DATE: ________________________________
TOWN OF VERNON RECREATION DEPARTMENT
AGREEMENT TO RELEASE

I, ____________________________________________ (Parent/Guardian’s name) and the participant named __________________________, my child or wards, agree as follows.

I understand that the requested program, like all activity, has some inherent risk involved. The participant is in good physical condition appropriate for the stated activity/program. I assume full responsibility for injuries incurred while taking part in an activity/program. In consideration of my or my child’s use of the Town of Vernon facilities, including the park and other facilities, and my, or my child’s participation in recreational or other activities/programs sponsored by the Town of Vernon, agree to release the Town of Vernon Board of Supervisors, the Town of Vernon Plan Commission, the Town of Vernon Park and Recreation and all officers, agents, and employees (the Indemnified Parties) from any duty which they may have, and agree to indemnify and hold harmless the Indemnified Parties from all claims, actions, expenses and compensation, on account of, or in any way growing out of, any and all personal injuries and property damage which I or my child may now or hereafter have, either before or after my child’s use of any Town Park or facility and participation in any Town sponsored recreational or other activities/programs.

I promise to indemnify the Indemnified Parties for any damages or sum of money paid by the Indemnified Parties to or on behalf of my child for any injury sustained by my child as a result of the use of the Town’s park facilities or other facilities and my child’s participation in recreational or other uses sponsored by the Town.

I give my permission to the Town of Vernon Recreation Department to take action (call emergency vehicles, transport to doctor/hospital) when my child requires immediate medical attention due to accident or illness while under his/her/their supervision. I am aware of and understand that there may be potential risk inherent with participation in any recreation activity/program, and that the Indemnified Parties are not liable for any injury that may occur. The Town of Vernon does not provide accident insurance and cannot assume responsibility for injury to any participants in its recreation programs.

Dated this _____________day of, _________________________________________20____

Signed: _________________________________________________________________________________________________

PARENT & ATHLETE 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__________________

Athlete Agreement:

I _________________________________ have read the Athlete Concussion and Head Injury Information and understand what a concussion is and how it may be caused. I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian. I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play. I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

Athlete Signature: _________________________________________ Date__________________
Policies

Age/Grade Requirement
For all programs the age requirement will be as of the date of the first class unless otherwise specified. The grade requirement will be the grade the participant is currently registered in. Summer programs will be the grade the child just completed. Please do not request or sign your child up in a class he/she does not belong in. All age-grade requirements are set to benefit the participant, make instruction more consistent for the program instructor, and often for the participants safety.

Cancellations
The department reserves the right to cancel, postpone, or combine a trip, class, program or youth sport. Point and Pay fees will not be refunded, only the Activity Fee will be refunded if the Recreation Department cancels a program.

Refunds
ALL request must be received in writing.

REFUND DESCRIPTION POLICY
Youth Sports refunds of any kind are not accepted after the Youth Sport printed start date of the individual sport.

Activity and Trip refunds of any kind are not accepted after the printed registration deadline.

- Participants assume the risk of changes in personal affairs, vacations, or health when they are unable to attend programs. Classes missed for absence are not “made up” nor may participants attend classes other than the one for which they are registered. Fees will be forfeited.
- Persons registered for a program that is cancelled by the Parks & Rec. Dept shall receive a full refund.
- Persons requesting in advance to cancel their registration for any reasons shall receive a refund less a $10.00 service charge. Point and Pay processing fees, any uniform and late fees assessed, provided that the request for refund is made in writing and received prior to the above Refund Description Policy.
- Refund for trips that require contracted transport involving late arrival/departure and contracted venue reservations will be based on fees assessed to the Town of Vernon Parks & Recreation Department by the contracted agency. We reserve the right to not be held financially responsible for circumstances beyond our control.

Registration Confirmations
Confirmations of Activity registrations will not be mailed. Youth Sports will receive a phone call from team coach prior to published start date. Mailed in and drop-box Town of Vernon Parks & Recreation Department registrations for Activities will receive a receipt of registration if you provide a self-addressed stamped envelope with your registration.

Registration Procedures
- Registration form must be signed by a parent/guardian for participants under 18 years of age, or an adult participant to be valid.
- Payment must be received with registration.
- The Registration Department reserves the right to make final decisions on all program procedures to ensure the quality of all programs.
- The Town of Vernon Parks and Recreation Department reserves the right to remove anyone from our programs for falsifying registration information.

Youth Sports Registration Procedure
- One participant per form.
- New teams will be formed EVERY year.
- Youth sport teams will be organized based on grade level. Teams under 3rd grade will be formed by the Recreation Department. Teams 3rd grade and up will be formed by draft process with coaches.
- Team placement is final once draft is complete.
- You may request one (1) “Team Friend” on your registration form and be received together before the registration deadline to be considered. Multiple name requests will not be reviewed.
- Due to team and practice night selection process, specific practice night requests cannot be reviewed. If our assigned night does not meet your personal schedule, review the Refund Policy if it is necessary to withdraw your registration.
- Must sign Parent & Athlete Agreement.

Lost/Stolen Items
The Town of Vernon is not responsible for personal equipment, clothes, etc. that are lost or stolen during participation in any sponsored activity, sport or trip. Please check the Parks & Recreation Department Office for lost items. After 30 days, items will be donated to charity.

New Program Ideas
The Parks & Recreation Department is always receptive to suggestions for the development of new program offerings. Please feel free to give us a call with your ideas.

Say Cheese!
For program promotion purposes (Parks & Rec Guide, Website, flyers, etc.) photographs may be taken of participants from time to time. If you do not wish to have your photo taken; please notify the photographer and/or class instructor.

Waiting List
There may be instances where class or program that you desire are filled. Please be sure to have your name placed on a waiting list. The recreation department will try to accommodate those on waiting lists by additional classes/programs or through cancellations, etc.

Insufficient Funds Fees
There will be a $25 service charge on all checks returned as non-sufficient funds.

Insurance/Liability
The Town of Vernon does not provide medical/hospital insurance coverage for people participating in sponsored activities and cannot assume responsibility for injuries or illnesses that participants may sustain in its recreation programs.

Residency
- For registration purposes, a resident is anyone who lives in the Town of Vernon and pays taxes to the Town of Vernon. Residency is not determined by attendance in the Mukwonago School District.
- Any person residing outside the Town of Vernon is considered a non-resident and will be assessed a non-resident fee.

Non-Resident Fee
The fee for non-resident is $15.00/child or $23/family per event. Fee must be included with your registration. In co-op programs the host community non-resident fee will be used.

Late Fee
Registration received after 3:30 p.m. on the deadline date are considered late. A nonrefundable late fee of $5.00/child or $10/family will be assessed. The Recreation Director will determine the acceptance of late registrations based on program availability, class instructor.

HOW TO REGISTER . . .

WALK IN: Register in person at Town Hall Monday–Friday from 8:00am—3:30pm.

MAIL IN: Send completed registration form and check made payable to: Town of Vernon

24 HOUR DROP BOX: Designated within the large gray mail box which is located on the south side corner of the Town Hall parking lot entrance.

CREDIT CARD PAYMENT: Review our website for guidelines and information on how to pay online with a credit card for your activities.

Instructors WILL NOT ACCEPT registrations/payment at the class. Advance registration is required. All registrations must be in our office prior to the start date of any programs.

Sorry, Phone or Faxed registrations are NOT accepted. Payment MUST accompany registration. Online registration without emailed registration forms are not accepted. Questions? CALL 262-470-5187

Typo? Human Error?

Occasionally there may be an error in days, times, registration requirements or fees in the activity guide. When such errors occur, our staff will do everything possible to correct the situation. We thank you for your patience and understanding when these situations arise.