

Registration Form

COMPLETE REGISTRATION FORM BELOW

Mail to: Holmen Park & Recreation Dept., P.O. Box 158, Holmen, WI 54636
Drop-off: at Holmen Village Hall, 421 S. Main St., Holmen (24 Hour Drop Box Available)

Family Last Name: _____ Parent's/Guardian Names: _____
 Address: _____ City: _____ Zip: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____

Resident: Village of Holmen **Non-Resident:** Township (circle one): Town of Onalaska Town of Holland Other

Email: _____ All checks must be payable to Holmen Park & Recreation

Holmen Area Aquatic Center Memberships Only (Complete this section)

Membership Card will be mailed to you

Parent's First & Last Names: _____
 Children's Name (First, Last) Birth Dates Ages
 1. _____
 2. _____
 3. _____
 4. _____

Pool Family Memberships: Maximum of 2 adults and their children under 18, and step children under 18. NOT ALLOWED ON MEMBERSHIPS: children over 18 years of age (must obtain their own membership), baby sitters, day care employees, and GRAND-CHILDREN of Village Residents are no longer eligible to be included on a membership.

MEMBERSHIP FEES - Family memberships: RESIDENT - \$125(\$110), NON-RESIDENT - \$250(\$225) Single Membership: RESIDENT - \$50(\$45), NON-RESIDENT - \$100(\$90)

Payment Method:

(Check one)

Check (Please make one check for total due, payable to Holmen Park & Recreation)

Cash

Gift Certificate

Credit Card

(circle)   Exp. Date ____ / ____

Card # _____

Card Holder Name: _____

Signature: _____

Participant's Name (First, Last)	M/F	Birth Date	Age	Grade	Program Title & Level (Code Number)	School	Shirt Size	Other Information (notes, requests, etc.)	Fee

Shirt Sizes: YS (6-8), YM (10-12), YL (14-16), AS (adult small), AM (adult medium), AL (adult large), AXL (adult extra large) Sub Total \$ _____
 SIGNATURE OF A PARENT OF LEGAL GUARDIAN IS REQUIRED FOR YOUTH REGISTRATIONS. Other \$ _____
 ALL ADULT PARTICIPANTS MUST SIGN BELOW FOR ADULT PROGRAMS. Donation \$ _____
 Total Amount \$ _____

I hereby understand that my son, daughter or self is registered to participate in the programs stated on this sheet, sponsored by the Village of Holmen. In addition, I understand that this program, like all physical activity, has some inherent risk involved. Furthermore my son, daughter, or self is in good physical condition appropriate for the stated activity, and I understand that participants must assume full responsibility for injuries incurred while taking part in these programs. No accident insurance is provided through the Village of Holmen. A doctor's release may be required after a serious illness, injury or hospitalization, before returning to the program.

Make Checks Payable To:
Holmen Park & Recreation

Parent or Guardian Signature: _____ Date: _____

YES, I would like to be a volunteer coach. Name: _____ Program: _____

Registrations must be filled out completely with payment or the registration will be returned.