

# 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/Guardian Names: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Cell Carrier: By listing your cellular carrier, you agree to receive important updates and cancellations via text message from the village of Holmen. Carrier \_\_\_\_\_

\_\_\_\_ 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

### 5 EASY WAYS TO REGISTER

- 1** On-Line: Log-in now and follow the step by step instructions. You will then receive your receipt via e-mail. Charge cards only.
- 2** In Person: Stop in at the Village Hall office, Monday through Friday 8:00 am - 4:30 pm.
- 3** Mail-in: Mail your completed entry form with payments to: Holmen Park & Recreation Dept. P.O. Box 158, 421 S. Main St. Holmen, WI 54636
- 4** 24 Hour Drop Box: The drop box is located at the Village Hall entrance
- 5** Fax: Fax registrations will be accepted on a 24 hour basis with Visa or MasterCard payment. Fax: (608) 526-4357

### 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)

**SIGNATURE OF A PARENT OR LEGAL GUARDIAN IS REQUIRED FOR YOUTH REGISTRATIONS.  
 ALL ADULT PARTICIPANTS MUST SIGN BELOW FOR ADULT PROGRAMS.**

*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.*

Sub Total	\$
Other	\$
Donation	\$
<b>Total Amount</b>	<b>\$</b>

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.**