

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

Holmen Area Aquatic Center Memberships Only (Complete this section) Membership Card will be mailed to you.

Parents' 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 memberships. Baby sitters, day care employees, and Grandchildren of Village Residents are no longer eligible to be included on a membership.

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 OR LEGAL GUARDIAN IS REQUIRED FOR YOUTH REGISTRATIONS. ALL ADULT PARTICIPANTS MUST SIGN BELOW FOR ADULT PROGRAMS.	Other	\$
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.	Donation	\$
Parent or Guardian Signature: _____ Date: _____	Total Amount	\$

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.