

**Program Registration Form**  
**Verona Recreation Department**  
**410 Investment Ct. Verona, WI 53593**

For Office use only:
Check # _____
Date _____

Last Name: \_\_\_\_\_ School: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Mother's name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Father's name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Has any of your contact information changed since your last registration?      Yes      No

Program Name	Session #	First Name/Gender	Birth Date	Grade (19/20 school year)	T-Shirt Size (YS, YM, YL, AS, AM, AL)	Friend Request* 1 per participant	Fee*
EX: Playground	#2	Allison / Girl	6/04/07	6	YM	Amber Jennings	\$135

**TOTAL FEE PAID: \$ \_\_\_\_\_**

\*Requests are for team sports only. Requested individual must also request you. Requests are not guaranteed, but we will do our best to grant them if possible.  
 \*Please refer to recreation brochure for correct fee amount. Resident fees apply only to participants who live within the city limits of the City of Verona. Note that school district attendance does not determine residency. Late fee may be applied if form is received after registration close date.

**Youth Sports Player Assessment:**  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Speed: Fast Average Slow Skill: Good Average Below Experience: \_\_\_\_\_

**VOLUNTEER COACH?**    Yes    (please circle)    I would like to coach my child's team in this activity: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Shirt: M L XL XXL

**PLEASE READ THE FOLLOWING AND SIGN BELOW:**

"We the undersigned hereby acknowledge that we are familiar with the risk and dangers inherent in recreational activities. We hereby grant permission for the undersigned child/ward to participate in such activity. We agree to hold the City of Verona, its officers, agents, and employees, both individually and in his/her official capacity, harmless from any liability for injury or damage to person or property as a result of the undersigned's participation in said activity(ies). We further agree that the person supervising the activity may, without further permission, take whatever step he/she deems necessary in case of injury, which may include obtaining emergency medical or dental care, and to hold the City of Verona, its officers, agents, and employees harmless from liability in connection therewith as above specified."

\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_  
**DATE**

<b>As a Parent and 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.</b>	
<p><b>Athlete Agreement:</b> I, _____, have read the Athlete Concussion and Head Injury Information and <b>understand</b> 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 or 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.</p> <p><b>Athlete Signature:</b> _____ <b>Date:</b> _____</p>	<p><b>Parent Agreement:</b> I, _____, have read the Parent Concussion and Head Injury Information and <b>understand</b> what a concussion is and how it may be caused. I understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice or 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 consequence of my child returning to practice/play too soon.</p> <p><b>Parent Signature:</b> _____ <b>Date:</b> _____</p>

**ASSUME YOU ARE REGISTERED IN ALL THE PROGRAMS YOU HAVE SIGNED UP FOR.**  
**THE VERONA RECREATION DEPARTMENT WILL ONLY NOTIFY YOU IF A PROGRAM IS FULL OR CANCELLED.**