



# Recreation Registration Form

- Make Checks Payable to City of Monona
- Mail forms and payment to  
**Monona Parks & Recreation Dept**  
**1011 Nichols Rd, Monona WI 53716**
- Questions? Call us at 222-4167 or email [mrcdirector@ci.monona.wi.us](mailto:mrcdirector@ci.monona.wi.us)

**Family Information (Head of Household) (For adult programs, write in own information)**

Parent's Name(s)		Home Phone #	
Mailing Address		City	Zip
Mom's Cell #		Dad's Cell #	
Mom's Email		Dad's Email	
Would you like to receive e-mail updates about upcoming programs, registration information, events, and more?			Friend Request (1 only)
Would you like to coach or be a manager?      If so, Head Coach, Assistant Coach, or Manager?			

What Size T-Shirt/Jersey does your child wear?

Participant Name	M/F	DOB (mm/dd/yyyy)	Grade	Activity Name	Activity Code #	Fee
						\$
						\$
						\$
						\$

What School Does your Child Attend? Total Fee: \$

<b>Method of Payment</b>	Cash <input type="checkbox"/> Check <input type="checkbox"/> #      Credit Card <input type="checkbox"/> Visa/MasterCard/American Express	
	Credit Card #	Expires

Please read the following and sign,  
 In consideration of my (and/or my child's) participation in this activity, I hereby release and discharge the City of Monona, and its representatives, successors, and assigns, from any and all liability arising from accident, injury, and illness that I (he/she) may suffer as a result of my (our) participation in this activity. I (we) also will follow the rules and regulations set by the City of Monona and above named parties. Parent or guardian must sign for anyone age 18 and under.  
 I do hereby grant and give these groups the right to use my or my child(s) photograph or image with or without my or my child's name, both singly and in conjunction with other persons or objects and presentations, advertising, publicity, and promotion relating thereto.

Medical Conditions/Allergies

Dr's Name	Clinic	Phone#
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Parent/Guardian Signature