Registration Form

Watertown Parks, Recreation & Forestry Department
514 South First Street, Watertown, WI 53094
920-262-8080

Please Print Clearly

Last Name: _____ First Name:_____ DOB:_____

Age:_____ M or F

Address: _____ City: _____ Zip:

_____ Phone: _____ Email:

_____

Parent/Guardian Name (if child is under 18):

_____

Activity Number	Activity Name	Fee

Payment Must Be Included

Total Fees $_____

T-Shirt Size (circle one):
Most Youth programs get a t-shirt. This will be indicated on the program flyer.

YS YM YL YXL AS AM AL AXL A2XL
Other:

For Office Use Only
Cash Credit Check
#_____
Date:_____
Initials: _____

Do you have any access or accommodation needs? (Please circle one) **Yes or No** *Please let the coach/instructor know, too.*	**Parent/Guardian willing to:**	
	Head Coach?	**Yes or No**
	Assistant Coach?	**Yes or No**
	Name:	
Youth League Practice Preference (see flyer for options):	**Cell Phone:**	
	Email:	

How to Register:

Online: Register online via your mobile device or desktop, 24 hours a day, 7 days a week! If class is full, please sign up for the wait list. Online registration accepts Visa, Mastercard or Discover.

Walk-In/Drop Off: Drop off your complete registration form and payment to the Watertown Parks & Recreation Department or the Drop Box (located outside next to front door).

Questions on Refunds?
Check out our policy by scanning this QR Code:

Give to client if new to RecDesk:

Username:_____
Password:_____

RecDesk Website:
watertownwi.recdesk.com

SCAN ME

Liability Waiver:

I understand the inherent risk of injury in participating in this/these sports program(s) and verify that I am or my minor child is medically fit to participate. I give my permission to the supervisors of this program to take the proper steps in case I am or my minor child needs emergency medical attention. I also release the sponsoring groups and their agents from all claims arising from this mine or my minor child's participation in this activity.

Photo Release:

I also give my permission to use any photos taken for advertising purposes of the Watertown Parks, Recreation & Forestry Department. **Circle One:** Yes No

Liability Waiver & Photo Release Signature:

Signature of Participant
or Parent/Guardian: _____ Date: _____

Parent & Athlete Agreement – Must Sign to Participate in Sports Programs **Concussion information available on our website (watertownwi.gov). Concussion Law, Wis Stat. sec 118.293**	
Athlete Agreement	**Parent Agreement**
I/we have **read** the Athlete Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused. I/we understand the importance of reporting a suspected concussion to my coaches and my parents/guardian. I/we understand that athlete must be removed from practice/play if a concussion is suspected. I/we understand that the athlete must provide written clearance from an appropriate health care provider to my coach before returning to practice/play. I/we understand the possible consequence of returning to practice/play too soon and that athlete's brain needs time to heal.	I/we have **read** the Parent Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused. I/we also understand the common signs, symptoms, and behaviors. I/we agree that my child must be removed from practice/play if a concussion is suspected. I/we understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me. I/we understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach. I/we understand the possible consequences of my child returning to practice/play too soon.
Athlete Signature:	**Parent/ Guardian Signature:**