


Grafton Parks and Recreation Program Registration Form

Last Name _____ Address _____ City _____
 Home Telephone No. _____ Email Address _____
 Father's Name _____ Cell Phone No. _____
 Mother's Name _____ Cell Phone No. _____

RESIDENCY STATUS: <input type="checkbox"/> Village Resident <input type="checkbox"/> Town Non-Resident <input type="checkbox"/> Non-Resident
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T-shirt provided for: Micro Soccer, Swim Team, Youth Track Club (Circle One) Youth: M 10/12 L 14/16 (Sorry, small youth size not available)
 Adult: Small Medium Large X-Large XX-Large

Participants First/Last Name	Gender	Age	Date of Birth	Grade as of September 2017	Choice	Program Name	Class Level	Session / Dates	Time	Fee	OFFICE USE ONLY	
											Conf.	Wait List
					1ST							
					ALT.							
					1ST							
					ALT.							
					1ST							
					ALT.							
					1ST							
					ALT.							

	Circle: Visa MasterCard Discover AmEx <input type="checkbox"/> Check here if you would like an email confirmation.	\$ _____	TOTAL FEES MINUS CREDIT (if applicable) TOTAL
	Credit Card # _____ Expiration Date: _____	\$ _____	
	V-Code _____ Signature _____	\$ _____	
	Please make checks payable to Village of Grafton, 675 N. Green Bay Road, Grafton Assume you are registered for all the programs you have signed up for. The Parks and Recreation Department will only notify you if a program is full or cancelled.		Date Proc'd _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> CC

Micro Soccer Program Only <input type="checkbox"/> Micro Soccer I request my child to be on the same team as: _____ *(first & last name) * Only ONE request may be granted. Requests are not guaranteed.	<input type="checkbox"/> Please check if you can volunteer coach! Program name(s) _____ Name _____ Email _____
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Concussion waiver: As a parent and as an athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you have read the concussion awareness information and understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury.

I am aware of the signs and symptoms of concussions (Please see Concussion Information Sheet <http://www.village.grafton.wi.us/DocumentCenter/View/8835> for full information.)

Parent Name _____ Parent Signature _____ Date _____