

HOW TO REGISTER FOR PROGRAMS

Online 24/7

<http://fortparksandrec.activityreg.com>

click on "Register" and
select "Programs and Activities"
on the home page.

*24-Hr Drop Box is located at the
Municipal Building near the flag pole.*

Mail-In

Mail completed registration form
along with check/cash to:

**Fort Atkinson Parks
and Recreation**
30 N Water Street W
Fort Atkinson, WI 53538

In Person

Summer office hours are:

Monday-Friday

8am-12pm and

12:30pm-4:30pm

30 N Water Street W

Fort Atkinson, WI 53538

Parent/Guardian: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Email Address: _____ Date of Birth: _____

Participant Full Name	Program Name	Time	D.O.B.	Gender	Shirt Size	Grade	Fee

I would like to volunteer as a coach (please print name): _____ Coach's Shirt Size: _____

Late Fees: Registration is not guaranteed after program deadlines. A late fee will be added.

Release of Liability/Photo Release

I understand that the above activities I have registered for may have an element of hazard or inherent danger and I take full responsibility for my actions and/or the actions of my children. I agree to hold harmless the City of Fort Atkinson, its employees, and contractual instructors from any and all liability, loss, cost, or expense that I may incur while participating in any of the above programs. I hereby give consent for emergency medical treatment in the event it is needed. In addition, I give my permission to have my photo and/or my child's photo taken during the above events for the purpose of publicity.

Concussion Awareness Waiver – WI Act 172

I have reviewed Fort Atkinson Parks and Recreation's Concussion Awareness Information and I agree that if it appears that I or my child may have sustained a concussion or head injury that I/he/she is to be removed from any program activity until such time that a trained medical professional can examine me/him/her and approve my/his/her return to play. In such case, I understand that I am to provide a written clearance from a trained medical professional for me or my child to return to the activity conducted by Fort Atkinson Parks and Recreation.

Signature (must be over 18): _____ Date: _____

Office Use Only

Cash/Check #: _____ Amount Received: _____ Date Received: _____ Received By: _____