

Oconto Parks & Recreation Adult Registration Form

Please Print Clearly. Mail or Drop off Completed Form before Deadline Date To:

City of Oconto Parks & Recreation Dept., City Hall 1210 Main St. Oconto, WI 54153

Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____ Cell: _____

Name of Program: _____ **Site:** _____ **Time:** _____ **Fee:** _____

Name of Program: _____ **Site:** _____ **Time:** _____ **Fee:** _____

Name of Program: _____ **Site:** _____ **Time:** _____ **Fee:** _____

I hereby understand participation in the Parks and Recreation Programs involves an element of risk or danger for all participants. I agree to assume these risks for my family and release the City of Oconto, its employees, and other participants from any liability for injuries and damages sustained while participating in these programs.

Signature: _____ Date: _____

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