

Oconto Parks & Recreation 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

Participant Name: _____ Address: _____

City: _____ State: ____ Zip: _____ Male: ____ Female: ____ Grade: ____ Age: ____

Email: _____ Special Medical Attention: _____

Day Phone: _____ Evening Phone: _____ Cell: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

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

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SIGNATURE OF PARENT OR GUARDIAN: I hereby understand that my son/daughter has registered to participate in the above stated program(s) sponsored by the CITY OF OCONTO PARK AND RECREATION DEPARTMENT. In addition, I understand that this program, like most programs similar in nature, has some degrees of inherent risk involved. Furthermore, my son/daughter is in good physical condition appropriate for stated activity(ies) AND THAT PARTICIPANTS MUST ASSUME FULL RESPONSIBILITY FOR PERSONAL INJURY INCURRED WHILE TAKING PART IN THE ACTIVITY(IES). NO ACCIDENT INSURANCE IS PROVIDED THROUGH THE CITY OF OCONTO.

Parent or Guardian Signature: _____ Date: _____

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