

REGISTRATION FORM

**Mail/Drop off to: VILLAGE OF HARTLAND
210 COTTONWOOD AVENUE
HARTLAND, WI 53029**

PHONE 262-367-0352 FAX 262-367-2430 www.villageofhartland.com

PLEASE PRINT & FILL OUT COMPLETELY (Make additional copies as needed)

Payer Name _____

Address _____ Apt # _____

City _____ State _____ Zip _____

Home Phone _____ Work/Day Phone _____ E-Mail _____

Geographic Area (i.e., Village of Hartland, Town of Delafield, Village of Merton) _____

In case of an emergency, please contact me at home or work and if I cannot be reached please contact:

*Name _____ Phone _____

Fill in programs for each participant:

PARTICIPANT'S NAME		BIRTHDATE			SEX	PROGRAM TITLE/OR PROGRAM NUMBER	DATES OF PROG	LEVEL/TIME	PROGRAM FEE
FIRST	LAST (if different)	MO	DAY	YEAR					
Future programs I would like to see offered: _____									

All participants are requested to sign the following release. Parent or guardians must sign for minors.
 I/We the undersigned, do hereby agree to allow the above named to participate in the activity indicated. I/We are aware of and understand that there may be potential risks inherent with participating in any recreational activities and that the Village of Hartland does not provide accident insurance. I/We assume all risks and hazards incidental to such participation including transportation to and from the activities and do hereby waive, release, absolve, indemnity and agree to hold harmless the Hartland Recreation Department employees, staff, and other persons for any and all claims, injuries, liabilities, damage or right of action directly or indirectly arising out of the use of Hartland Recreation Department facilities, equipment, and/or participation in Village of Hartland Recreation Department activities. In the event of medical emergency, I authorize the Recreation Department staff to obtain medical treatment for the above named. I give permission for myself or my child to appear in media/promotion materials approved by the Village of Hartland.

SIGNATURE _____ **DATE** _____

Check (payable to Village of Hartland)
 Cash
 Credit Card MasterCard Visa
 Expiration Date: ____/____/____
 Payment Amt _____
 Card #: _____
 Card Holder Name: _____
 Signature _____

TOTAL
