REGISTRATION FORM

Participant/Parent/Guardian _____

Address _____ City/State/ZIP _____

Home Phone # _____ Day / Cell Phone # _____

E-Mail _____

Emergency Name and Phone # _____

YOUTH, ADULT & FAMILY POOL PASSES

Name	Age	Sex (circle)	Pass Type/Res or Non-Res (circle) Youth, Family, Adult	Fee
		M F		
		M F		
		M F		
		M F		
		M F		

ADULT WATER EXERCISE

Name	Age	Sex (circle)	SESSION NUMBER 1	2	3	Fee
		M F				
		M F				
		M F				

SKATING WITH CHARLOTTE

Name	Age	Sex (circle)	SESSION NUMBER 1	2	3	Fee
		M F				
		M F				

Cash, checks or credit cards accepted

Make checks payable to: Park Department

TOTAL FEES: $ _____

RECEIPT #: _____

I, the parent or legal guardian of the child(ren) listed above do hereby give my permission for his/her participation in the programs listed. In case of injury or accident to any party listed and registered for the above programs, I absolve the City of Wausau, Marathon County and the Wausau and Marathon County Parks, Recreation and Forestry Department of all responsibility. All parties listed above are capable of participating (having no illness or medical reason for abstaining).

_____

Parent / Guardian or Participant Signature Date

Wausau & Marathon County Parks, Recreation & Forestry Dept.
212 River Drive, Suite 2, Wausau WI 54403-5476
Telephone: 715-261-1550, FAX: 715-261-1565
parkforestry@co.marathon.wi.us