

OCONTO FALLS PARK AND RECREATION REGISTRATION 2022
SUMMER SAND VOLLEYBALL AND TENNIS

**PLEASE MARK YOUR CALENDARS WITH STARTING DATES AND TIMES
YOU WILL NOT BE NOTIFIED UNLESS THERE IS A CHANGE!!!!**

PLEASE PUT A CHECK MARK BY THE EVENT YOU ARE REGISTERING FOR

*** Pine Grove Park (Sherman st. west side of town)***	
<u>SAND VOLLEYBALL:</u>	June 1-16 and June 20-23
<u> </u> AGES 9-14	MON. -thru- THURS. 12:30-2:30
**If there are a lot of kids signed up then we will split into 2 groups & times. You will be notified by phone or email if we need to split.	
<u>TENNIS:</u>	JULY 11-14 and JULY 18-21
<u> </u> AGES 7 & UP	MON. -thru- THURS. 12:30-2:00
<u> </u>	Need racket (limited rackets available in different sizes)
<u> </u>	Have my own racket

WAIVER AND RELEASE FROM LIABILITY: AS PARENT OR LEGAL GUARDIAN OF THE MINOR (S) NAMED HEREIN. I CERTIFY THAT MY CHILD HAS PERMISSION TO PARTICIPATE WITH THE OCONTO FALLS PARK AND RECREATION SUMMER PARK PROGRAMS. I UNDERSTAND AND ACKNOWLEDGE THAT THE MINOR(S) NAMED HEREIN MAY SUFFER INJURY BY PARTICIPATING IN THE CHOSEN SUMMER PROGRAM. I AGREE TO RELEASE, INDEMNIFY AND HOLD HARMLESS THE CITY OF OCONTO FALLS OR ANY OF ITS MEMBERS OR VOLUNTEERS FROM ALL LIABILITIES, CLAIMS, SUITS, LOSS, INJURY OR DAMAGE TO MY CHILD OR HIS PERSONAL PROPERTY ARISING FROM BEING INVOLVED IN THIS PROGRAM. I AM RESPONSIBLE FOR THE MINOR (S) BEHAVIOR AND ASSUME RESPONSIBILITY FOR EQUIPMENT THAT MAY BE DAMAGED.

PLAYERS NAME _____ AGE _____

PARENT NAME _____ PHONE # _____

ADDRESS _____ CITY _____ EMAIL _____

PARENT NAME _____ PHONE # _____

ADDRESS _____ CITY _____ EMAIL _____

EMERGENCY CONTACT _____ EMERGENCY # _____

FEE \$25.00 PER EVENT _____ (FAMILY PLAN \$130.00 MAXIMUM INCLUDES BASE/SOFTBALL)

CHECKS PAYABLE: "CITY OF OCONTO FALLS" 500 N. CHESTNUT AVE P.O. BOX 70 OCONTO FALLS, WI 54154

FORMS/PAYMENT MAY BE DROPPED OFF ALSO AT THE ELEMENTARY, MIDDLE OR ST ANTHONY SCHOOLS

CALL/TEXT SHEILA MANNS 920-604-2499 OR EMAIL: SMANNSPARKREC@GMAIL.COM

OFFICE USE ONLY: DATE RECEIVED _____ CASH _____ CHECK _____ AMOUNT PAID \$ _____