



Class Participant Registration Form

Please fill out this form clearly and completely. One form per participant.

Participant's Last Name: _____ Participant's First Name: _____

Age: _____ Grade (going into): _____ Phone Number: _____

Address: _____ City: _____ Zip: _____

Email Address: _____

Parent/Guardian or Emergency Contact Name: _____

Relationship to Participant: _____ Phone Number: _____

Name of Program	Date(s)	Cost

Please Initial Below:

_____ CONSENT: I understand that my child, whose name is stated above, will be participating in the Winona Lake Summer Programs, and I feel that they are able to participate in these activities. I also understand that the Winona Lake Park and the Town of Winona Lake are not responsible for injury that may occur during these activities.

_____ PHOTO RELEASE: By participating in our programs, patrons agree to allow the Town of Winona Lake, Winona Lake Limitless Parks and Recreation Department, to use photographs, video and testimonials of participants for use in publicity materials free of any fee or usage charge.

I have read, understand, and agree to abide by the above-mentioned policies and practices.

Parent or Guardian Signature: _____ **Date:** _____

For Office Use ONLY

Received By:	Cash/Check/CC:	Date Received:	Receipt No.
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