

Winona Lake Park Department

Program Registration Form

<p>Child's Information:</p> <p>Child's Name: _____</p> <p>Age & Grade: _____</p> <p>Allergies & Special Medications/Needs:</p>	<p>Parent Information</p> <p>Parent Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Day Phone: _____</p> <p>Cell Phone: _____</p> <p>Email: _____</p> <p>Emergency Contact:</p> <p>Name: _____</p> <p>Phone Number: _____</p>
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Week	Program Name

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. I understand that my child will be participating in a class that lasts 45 minutes and it is my responsibility to pick my child up promptly at the end of class.

Parent or Guardian Signature: _____

For Office Use ONLY

Paid Check #: ____ Date: ____ Paid Cash: ____ Date: ____ Receipt #: ____ See Also: _____