

# Winona Lake Park Department

## Program Registration Form

<p><b>Child's Information:</b></p> <p>Child's Name: _____</p> <p>Age &amp; Grade: _____</p> <p>Allergies &amp; Special Medications/Needs:</p>	<p><b>Parent Information</b></p> <p>Parent Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Day Phone: _____</p> <p>Cell Phone: _____</p> <p>Email: _____</p> <p><b>Emergency Contact:</b></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: \_\_\_\_\_