

**NEW REGISTRANT  
REGISTRATION FORM – MAIL/DROP-OFF/FAX**

Mail/Drop off to: City of Portage Parks and Recreation 701 W Slifer St, Portage, WI 53901

**1. Registering Adult (Parent or Guardian), please PRINT AND FILL OUT FORM COMPLETELY**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Registering Adult's Date of Birth: \_\_\_\_\_  
 Address \_\_\_\_\_ City / Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work / Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_

Special Considerations (medications, disabilities, etc.) \_\_\_\_\_  
 Emergency Name & Phone (if no one answers to the above numbers) \_\_\_\_\_ Relationship to registrant (s) \_\_\_\_\_

Resident of City of Portage or Pacific Township: \_\_\_\_\_ Non-resident: \_\_\_\_\_

**2. Fill in programs for each participant**

Class Name	Participant Last Name	Participant First Name	Shirt Size	M/F	Date of Birth	Grade Level	Fee (Non-resident +\$10.00)
							\$
							\$
							\$

**3. Terms and Conditions**

Sub-Total \$ \_\_\_\_\_  
 Credit from Account \$ \_\_\_\_\_  
**Total** \$ \_\_\_\_\_

I, as the participant or parent/legal guardian of the above named child, hereby give permission for his/her/my **Total** participation in the above listed activity(ies). I further authorize, without my prior approval, the rendering of any emergency medical treatment that may be necessary due to his/her/my participation in the activity (ies). I hereby, for myself, my child, my heirs, executors and administrators, waive and release any and all rights and claims for damages I or my child may have against the representatives, successors, and assigns for any and all injuries suffered by myself or my child at any activity sponsored by these groups. In addition, by registering for the program I have granted the City of Portage permission to use my photograph for promotional purposes unless otherwise noted.

Participant or Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**4. Release and waiver of liability**

**I understand that Portage Park and Recreation programs and activities involve risk of serious bodily injury, including disability or death, and loss or damage to my property. Athletic activities present risks to participants.**

**Despite the variety of risks that may be present, I hereby release and waive any liability claim against the City of Portage, its employees, its agents, and the Portage Community School District, with respect to any and all claims for injury, disability, death, or loss or other damages based on negligence, related to my, or my child's, participation in the Portage Park and Recreation Department programs and activities.**

**I understand that I may bargain for a different waiver of liability terms. However, I hereby waive my right to bargain for different waiver of liability terms. I have read this Release and Waiver of Liability and understand its terms. I know that I am giving up substantial rights by signing it, but I do sign it freely and voluntarily.**

Participant or Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**5. Payment Information Payable to City of Portage**

Check/Check No. \_\_\_\_\_  Cash



# PARENT & ATHLETE AGREEMENT

As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury.

## Parent Agreement:

I \_\_\_\_\_ have read the Parent Concussion and Head Injury Information and understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach.

I understand the possible consequences of my child returning to practice/play too soon.

Parent/Guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Athlete Agreement:

I \_\_\_\_\_ have read the Athlete Concussion and Head Injury Information and understand what a concussion is and how it may be caused.

I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian.

I understand that I must be removed from practice/play if a concussion is suspected.

I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play.

I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

Athlete

Signature \_\_\_\_\_ Date \_\_\_\_\_