

Winona Lake Park Department Registration Form

Child's Info

Child's Name: _____

Age & Grade: _____

Allergies & Special Medication/Needs: _____

Week	Program Name

Parent's Info

Parent Name: _____

Address: _____

Emergency Contact Name & Number: _____

Day Phone: _____

Evening Phone: _____

Cell Phone & E-mail: _____

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

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

*Poms is a two hour class.

Parent or Guardian Signature: _____

FOR OFFICE USE ONLY

Paid Check#: _____ Date: _____ Paid Cash: _____ Date: _____ Receipt #: _____ See also: _____

