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| **ADULT PARTICIPANT REGISTRATION FORM** |
| **Eagle Recreation** |
| PO Box 575, Eagle WI 53119 |

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| --- | --- | --- |
|  |  |  |
| Participant’s Name & Phone Number |  |  |
|  |  |  |
| Address |  | Emergency Contact Name & Phone Number |
| City, State, Zip |  | |  |  | | --- | --- | | Email address |  | |
|  |  |

Are there any special needs or allergies we should be aware of (please list here):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Participant Name/CCW as shown on DL** | **Activity/Class Name** | **Date/Time/Session** | **Fee** |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
|  |  | Total Amount Due: |  |

**PAYMENTS: CHECK, CASH, CREDIT CARD**

**REGISTER & PAY:** <https://www.vi.eagle.wi.gov/online-registration/> (There are convenience fees for service.)

**MAIL:** *Form & Payment to* - Eagle Recreation, PO Box 575, Eagle WI 53119

**24-HR Drop Box**: *Form & Payment to* - Eagle Municipal Building, 820 E Main St, Eagle

**ONLINE PAYMENT ONLY**: GOV PAY, <https://www.govpaynow.com/gps/user/plc/a001ex> (There are convenience fees for service.)

**WAIVER OF RELEASE OF ALL CLAIMS**

*I, as the participant or parent/legal guardian of the above named child(ren), hereby give permission for my/his/her participation in the above listed activity(ies). I am aware of and understand that there may be potential risks involved with participation in any activity, and that the Town and/or Village of Eagle do not provide accident insurance and cannot assume any responsibility for injury to any participants in its recreation programs. I agree to hold harmless the Town and/or Village of Eagle and its officers, employees, and volunteers from any and all claims.*

*I hereby grant Eagle Recreation permission to use my likeness in a photograph, video, or other digital media (“photo”) in any and all of its publications, including web-based publications, without payment or other consideration.*

**SIGNATURE: DATE:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_