Iola-Scandinavia Community Fitness and Aquatic Center

REGISTRATION FORM (ONE FORM PER HOUSEHOLD)

HOUSEHOLD INFORMATION (Please Print):

FIRST/LAST NAME (Parent/Guardian) _____

STREET _____ CITY _____ ZIP _____

PHONE (H) _____ PHONE (W) _____ EMAIL _____

SPECIAL CONSIDERATIONS (Medications, disabilities, etc.): Name _____

_____

PARTICIPANT'S FIRST NAME (Last name if different than above)	M/F	BIRTH DATE	AGE	GRADE	CLASS #	CLASS NAME	FEE

LIABILITY INFORMATION: You should be aware that Iola-Scandinavia Community Fitness & Aquatic Center programs involve an element of risk or danger for all participants and may cause serious injury, death or property loss. The Iola-Scandinavia Community Fitness & Aquatic Center and the Iola-Scandinavia School District does not provide nor cover any medical or hospital insurance for participants in our programs. All persons participating in Iola-Scandinavia Community Fitness & Aquatic Center sponsored activities must provide their own insurance and assume risk of all injuries.

MARK UP FOR THE RECREATION SCHOLARSHIP FUND!
Add $1 or more to your total fees to help provide financial assistance for individuals unable to afford program fees.
Thanks for supporting the RECREATION SCHOLARSHIP FUND and your community!

TOTAL FEES	
MARK UP (optional)	
TOTAL AMOUNT	

ADULT SIGNATURE _____ DATE _____

I have read & agree to indemnify and hold harmless the Iola-Scandinavia Community Fitness & Aquatic Center from any & all claims.

IOLA-SCANDINAVIA COMMUNITY FITNESS & AQUATIC CENTER
445 JACKSON ST., IOLA, WI 54945
(715) 445-2411, EXT. 317

FOR OFFICE USE ONLY:
Date: _____ Staff Initials: _____