

REGISTRATION FORM

Parent Last Name _____

Parent First Name _____

Address _____

City _____

Cell Phone No. _____

Email _____

Participants First/Last Name	Gender	Age	Date of Birth	Choice	Program Name	Class Level	Session/Dates	Time	Fee	OFFICE USE ONLY Conf. Wait List
				1ST						
				ALT.						
				1ST						
				ALT						
				1ST						
				ALT						

<p>Please make checks payable to Village of Grafton, 675 N. Green Bay Road, Grafton.</p> <p>Assume you are registered for all the programs you have signed up for. The Parks and Recreation Department will only notify you if a program is full or cancelled.</p>	\$	TOTAL FEES
	\$	MINUS CREDIT (if applicable)
	\$	TOTAL

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Concussion waiver: 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 have read concussion awareness information and understand the importance of recognizing and responding signs, symptoms, and behaviors of a concussion or head injury.

aware of the signs and symptoms of concussions
information regarding concussion awareness, please visit our website,
www.QualityLifeGrafton.com.)

Parent Name Date Parent Signature



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