



MONONA GROVE POOL-REGISTRATION FORM

Mail to: Heidi Stroess Aquatics Supervisor, 4400 Monona Dr. Monona, WI 53716
 heidi.stroess@mgschools.net

Name: _____ Birthdate: _____

Parent/Guardian Name (if under 18): _____

Street Address: _____ City: _____ Zip: _____

Phone: _____ E-mail: _____

Emergency Contact: _____ Relationship to Participant: _____

Emergency Contact Phone: _____

PLEASE ONLY WRITE ONE NAME PER LINE-ALL INFORMATION MUST BE FILLED OUT

Refund Policy: Refunds are given only if registration is cancelled one week prior to program start date. Refund requests for medical reasons require a physician's authorization before a refund will be given. If the MG Pool must cancel a program a full refund will be given. Refunds may be held as credit to be used only for future program registrations.

Membership Registration

Name	Type of Membership	Session/Exp	Birthdate	M/F	Fee

Program Registration

Name	Program/Session/Day/Time	Level	Birthdate	M/F	Fee

Medical Conditions/Allergies: _____

TOTAL:
\$

Payable to MG Pool

WAIVER ON REVERSE MUST BE SIGNED FOR REGISTRATION TO BE PROCESSED

OFFICE USE: Amount Paid: \$ _____ Date: _____ Cash ___ Check # _____ CC ___ Staff: _____

MONONA GROVE POOL WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware in registering yourself or your minor child/ward for participation in the program listed on reverse, you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of the above program/programs.

The undersigned applicant agrees to abide by all rules, regulations, and policies of the Monona Grove School District Board of Education regarding the use of facilities or equipment to be used as hereinafter described.

I recognize and acknowledge that there are certain risks of physical injury to participants in the above program(s) and I agree to assume the full risk of any injuries, damages or loss regardless of severity - including death, which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program(s).

I agree to waive and relinquish all claims my minor child/ward or I may have as a result of participating in the program against the District and its officers, agents, servants and employees.

I do hereby fully release and discharge the District and its officers, agents, servants and employees from any and all claims from negligence, injuries, damage or loss which I or my minor child/ward may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program(s).

I further agree to indemnify and hold harmless and defend the District and its officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by me or my minor child arising out of, connected with, or in any way associated with the activities of the program(s).

In the event of any emergency, I authorize District officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my child/ward's immediate care and agree that I will be responsible for payment of any/all medical services rendered.

As a participant in a program or activity of the District (or as the parent/guardian of a participant), I hereby grant the District permission to use my or my child's image, video form, or voice in photographs, videotapes, internet website or other materials prepared or released by the District for promotional, safety, or instructional purposes. I release and discharge the District, its officers, employees and agents from any and all claims or actions resulting from the use of such materials by the district

I have read and fully understand the above Program Details, Waiver and
Release of All Claims and Permission to Secure Treatment.

Printed Name

Signature

Date

revised 7/3/17