

Natatorium Mail-In/ Drop-Off Registration Form

Verona Area Natatorium
400 B North Main Street
Verona, WI 53593
<http://www.verona.k12.wi.us>

Step 1 - Family Information

Family's Last Name _____ Phone _____

Address _____ City/State _____ Zip Code _____

Name of Parent\Guardian (if participant is under 18) _____ Cell Phone () _____
_____ VASD Resident _____ VASD Non-Resident

E-mail Address _____

Name of Emergency Contact _____ Phone# _____

Step 2 - Waiver

I, the undersigned do hereby agree to allow the individual named herein to participate in the activities indicated. I am aware and understand there may be potential risk inherent with participation in any recreation activity, and that the Verona Area School District does not provide accident insurance and cannot assume responsibility for injury to any participants in the recreation programs. I further understand the eligibility requirements for the program as stated in the department brochure and that no refunds will be given unless my spot can be filled or the department changes a class.

Participant/Parent/Guardian Signature _____ Date _____

Step 3 - Participant Information

| Participant First & Last Name | Age | Date of Birth | Course Code | Class Title | Session | Time | Cost |
|-------------------------------|-----|---------------|-------------|-------------|---------|------|------|
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Please list any Health concerns/special needs: _____

Step 4 - MAIL-IN/DROP-OFF FORM at the Natatorium

Payment is due in full at time of registration, no phone registrations will be accepted.

Make check out to VASD
(Verona Area School District)

MARK YOUR CALENDAR! We do not mail confirmations,

Total Fee Due \$ _____

Check Number _____

Cash _____

Date Processed ____/____/____

Staff Initials _____