



# Clinton Community Activities Program Registration Form

3 Ways to Register: In-Person, Online, or Mail-In

Please make checks payable to Clinton Community School District. Return form with legible handwriting and included payment to:  
**Mail:** 115 Milwaukee Rd. P.O. Box 566 Clinton, WI 53525 Attn: Community Activities Program / **In-Person:** 115 Milwaukee Rd. Clinton  
 or **Sign Up Online:** www.clintonactivities.com

Parent/Guardian Name (please print): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Contact Name (in case parent/guardian cannot be reached): \_\_\_\_\_ Phone: \_\_\_\_\_

Participant Full Name	Program Name	Time	D.O.B.	Gender	*Shirt Size	Grade	Fee
<b>Program Fee Subtotal</b>							

\*Please write shirt size in column above if applicable for the program: YS 6-8, YM 10-12, YL 14-16, Adult S-3XL

Please list any participant special needs or medical concerns/limitations to be aware of: \_\_\_\_\_

Late Fees: Registration is not guaranteed after program deadline. A late fee of \$5 per program will be added to all late registrations.

**Release of Liability/Photo Release**

In consideration of being permitted by the CCSD Community Activities Program to participate in activities at the Clinton Community School District facilities, I hereby waive, release, and discharge any and all claims for damage for personal injury, death or property damage which I may have, or which may hereafter accrue to me, as a result of participation in activities at said facilities. This release is intended to discharge in advance the CCSD Community Activities Program, its officers, employees, and agents from any and all liability arising out of or connected in any way with my participation in activities at this or any other CCSD Community Activities Program facility even though that liability may arise out of negligence or carelessness on the part of those parties. It is understood that activities such as the ones I will be participating in involve an element of risk and danger of accidents and knowing those risks, I hereby assume those risks. It is further agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold harmless the Clinton Community School District and CCSD Community Activities Program, its officers, employees, and agents from any loss, liability, damage, cost, or expense which they may incur as the result of my death or any injury or property damage that I may sustain while participating in any activity at this or any other CCSD Community Activities Program facility.

I hereby give consent for emergency medical treatment for myself or my child in the event it is needed. In addition, I give my permission to have my photo and/or my child's photo taken during CCSD Community Activities Program activities and events and for such photos to be used for any purpose determined appropriate by the CCSD Community Activities Program.

Signature (must be over 18): \_\_\_\_\_ Date: \_\_\_\_\_

<b>Office Use Only</b>			
Cash/Check #:	Amount Received:	Date Received:	Received By: _____