

Mail In Registration Form

Register by Mail or at the Civic Center, 2000 Alice Lane, Marinette, WI 54143

Self-addressed stamped envelope must be enclosed with mail-in registrations. (to return class confirmation to you.)

Please Print City Resident Non-Resident

Parent/Guardian Name: _____

Address: _____ Home Phone: _____

City: _____ Zip: _____ Work Phone: _____

E-Mail Address: _____

Participant's Name	D.O.B.	Current Grade	Program Name	Session Dates	Fee
Total Fee					_____

Return registration and payment to: (make checks payable to City of Marinette)

MARINETTE RECREATION DEPARTMENT 1905 Hall Avenue Marinette, WI 54143

I understand that participating in any Marinette Program involves an element of risk. I agree to assume this risk for myself as an adult, and for any of my minor children. I release the City of Marinette, its employees, agents, and volunteers from any liability for personal injury, death, or property damage or loss suffered by myself or my minor child while participating in any such program.

Signature: _____ Date: _____

Adult Participant or Parent/Legal Guardian

