



City of Antigo
PARTICIPANT ACTIVITY ACKNOWLEDGEMENT FORM

Initial
Below

- 1. PARTICIPANT; RECREATION PROGRAMS HOLD HARMLESS: In consideration of accepting mine or my child's application, I hereby, for myself, my children, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the City of Antigo and its employees, representatives and successors for any and all injuries suffered by myself or my child at any City-sponsored event.
2. PARTICIPANT; CONCUSSION INFORMATION: I understand what a concussion is and how it may be caused. I also understand the common signs, symptoms and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected. I also understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me. I understand my child cannot return to practice/play until providing written clearance from an appropriate health care provider to the Park & Rec Supervisor (office located in City Hall). I understand the possible consequences of my child returning to practice/play too soon. Full concussion information sheet available by request and on the website.
3. PARTICIPANT; INFORMATION & INSURANCE: Even as we strive to ensure the safety of those wishing to utilize our parks and programs, occasional accidents or injuries may occur. Therefore, each person registering themselves or a family member should review their personal health insurance policy for coverage prior to registration.

BY MY SIGNATURE, I ACKNOWLEDGE ALL INFORMATION PROVIDED TO THE CITY OF ANTIGO TO BE CORRECT AND I ACKNOWLEDGE I HAVE BEEN OFFERED A COPY OF ALL POLICIES PERTAINING TO ACTIVITY PARTICIPATION IN PRINT FORMAT.

REGISTRATION IS FOR THE FOLLOWING SPORT/ACTIVITY/TEAM (i.e. Pickleball, T-ball, Baseball, Soccer...etc.):

Please list Activity: _____

PARTICIPANT NAME PRINTED PARTICIPANT DATE OF BIRTH

PARTICIPANT SIGNATURE (if under the age of 18 Parent/Guardian Signature) DATE of SIGNATURE

ADDRESS CITY STATE ZIP

HOME PHONE NUMBER: CELL PHONE NUMBER:

E-MAIL ADDRESS: