Wausau & Marathon County Parks, Recreation & Forestry

Marshfield Clinic Health System

SecurityHealth Plan

Active Family Challenge 2020

Team Registration Form

Team Name: _____

Team Members: _____ Age: ____ T-shirt Size: ____

_____ ____ ____

_____ ____ ____

_____ ____ ____

_____ ____ ____

_____ ____ ____

_____ ____ ____

_____ ____ ____

Contact Phone #: _____

Address: _____

Email: _____

**$25 registration fee due when registering (cash, checks, or credit cards are accepted)
Make checks payable to: Park Department (Financial assistance available)

Save the date for these big events for the Active Family Challenge!!

June 20, 1 pm – Wausau Pools Party to Celebrate Completion of the Challenge!!

I, the adult participant, or the parent or legal guardian of the child(ren) listed above, do hereby give my permission for me his/her participation in the Active Family Challenge. In case of injury or accident to any part listed and registered for the program, I absolve the City of Wausau, Marathon County, and the Wausau and Marathon County Parks, Recreation, and Forestry Department of all responsibility. All parties listed above are capable of participating (having no illness or medical reason for abstaining). In case of severe weather or tornado watch, activity staff will terminate activities.

_____

Parent/Guardian/Adult Signature Date