

REGISTRATION FORM

Parent/Gdn _____ Home Phone # _____ Day / Cell Phone # _____
 Address _____ City/State _____ ZIP _____
 E-Mail _____ Emergency Name and Phone # _____

TREETOP EXPLORER

Name	Age	DOB	7/8/2020 10/6/2020	Fee

Wausau & Marathon County Parks, Recreation & Forestry Dept.
 212 River Drive, Suite 2, Wausau WI 54403-5476
 Telephone: 715-261-1550, FAX: 715-261-1565
parkforestry@co.marathon.wi.us



ACTIVE FAMILY CHALLENGE

TEAM NAME:					
Name	Age	DOB	Sex (circle)	T-Shirt Size	Fee
			M F		
			M F		
			M F		
			M F		
			M F		
			M F		

You can also register on-line at:

www.co.marathon.wi.us/parks.asp

PLAYGROUND PROGRAM

Name	Age	DOB	Sex (circle)	Site (circle)	Fee
			M F	JM GR JEF (Fri)	
			M F	JM GR JEF (Fri)	
			M F	JM GR JEF (Fri)	

OAK ISLAND FAMILY TENNIS LESSONS

Name	Age	DOB	Sex (circle)	Session I, II, III	Fee
			M F		
			M F		
			M F		
			M F		
			M F		
			M F		
			M F		

Type of Financial Assistance _____

Cash, checks or credit cards accepted
 Make checks payable to: Park Department

TOTAL FEES \$ _____

RECEIPT # _____

OAK ISLAND YOUTH TENNIS CAMP

Name	Age	DOB	Sex (circle)	Level	Week of Camp	Time	Age Group	Fee
			M F					
			M F					
			M F					

I, the parent or legal guardian of the child(ren) listed above, do hereby give my permission for his/her participation in the programs listed. In case of injury or accident to any party listed and registered for the above programs, 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). The playground staff is NOT responsible for retaining your child(ren) during the playground hours, as your child(ren) are free to come and go as he/she wishes. In case of severe weather or tornado watch, playground staff will terminate activities and send your child(ren) home immediately.

Parent / Guardian or Participant Signature _____ Date _____