



# Registration Form

425 E 5th St  
New Richmond WI 54017  
715-246-2252  
www.nracentre.com

## ADULT OR PARENT/GUARDIAN INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Emergency Contact Name \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_

## PARTICIPANT & PROGRAM INFORMATION

First & Last Name	Birth Date	Centre Member	Gender	Program Name	Date(s)	Day(s)	Time	Rate
		Y N	M F					
		Y N	M F					
		Y N	M F					
		Y N	M F					

To receive the member rate for programs, participants (including children), must be a Centre member.

If registering for child care programs or personal training, paperwork is:  on file  attached

How did you hear about this program?  Program Guide  Flyer  Friend  
 Facebook  Lobby TV  Other  
 Website  Bulletin Board

## RELEASE AND WAIVER OF LIABILITY

All members and community participants are required to present a valid membership card or photo identification when using or to gain access to Centre facilities and programs. Membership privileges and cards are not transferable and remain the property of the New Richmond Area Centre, Ltd., and must be returned upon request.

I understand and agree that I, and my family, are solely responsible for determining whether my health condition is proper to allow me to participate in athletic, sports or activities programs or the use of any equipment. I agree that the New Richmond Area Centre, Ltd. its officers, agents and employees are not responsible for any injuries or illnesses that I may suffer as a result of participation in any activity sponsored by the Centre or resulting from the use or misuse of any equipment. I explicitly release and discharge the New Richmond Area Centre, Ltd. and its officers, agents and employees from any claim for injury, death, loss or damage I may suffer as a result of activities at the Centre facility or sponsored by the Centre.

The New Richmond Area Centre, Ltd. periodically takes pictures of members and participants to use for promotional purposes and program materials including program brochures and the New Richmond Area Centre, Ltd. website. If you do not want pictures of yourself or your family used in this way, please visit Welcome Center.

I understand that in the event my child needs immediate medical attention for injuries received while participating in a Centre program, I authorize Centre staff to give my child reasonable first aid, and to arrange transport of my child to a health care facility for emergency services as needed. I hereby acknowledge that the Centre will assume that either parent of the child may pick up the child at any time during the program unless there is pertinent court documentation on file at the Centre that indicates otherwise.

I understand and agree that the New Richmond Area Centre, Ltd. is not responsible for any property lost or stolen at the Centre's premises or while I am participating in any Centre activity.

Adult or Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## CENTRE USE

Payment Type \_\_\_\_\_ Date Paid \_\_\_\_\_  
 Payment Amount \_\_\_\_\_ Processed By \_\_\_\_\_