

Town of Madison
Parks & Recreation Department
Registration for Program

Program: _____

Are You a Resident of Madison? _____

Name: _____ Date: _____

Address: _____

Mailing Address: _____

Phone: _____ Email: _____

Start Date: _____ End Date: _____

Session Charge: _____

Per Class Charge: _____

Drop in Charge: _____

I understand I am participating in this program at my own risk. I will not hold the instructor, Town of Madison, or the Madison Elementary School responsible for any injury I incur while participating in this program.

(signature of participant)

<u>Office Use Only</u>	
Amount due: \$	_____
Paid: \$	_____
Check	Cash
Received by & date:	_____