Zumba Registration Form

Name_____Age_____DOB_____

Address_____

City_____State_____Zip_____

Parents Name (if registrant is under 18)_____

Cell_____E-Mail_____

Emergency Contact_____Phone_____

Session: Tuesdays & Thursdays
Indicate Session Attending_____
Time: 5:30-6:30pm

Amount Paid (please circle one): ◯Resident: $40.00 ◯Non-resident: $45.00

Cash or Check made out to Village of Sherwood

Liability waiver: I understand participation in parks and recreation programs involves elements of risk or danger for all participants and may cause serious injury, death, or property loss. I agree to assume these risks for my family and release the Village of Sherwood, its employees, volunteer agents, and other participants from any liability for injuries and damages sustained while participating in these programs.

Medical Emergency Release Waiver for Minors: In the event of a medical emergency. I authorize the Parks and Recreation Department Staff to obtain medical treatment for me and/or my minor which I am a guardian.

Photo/Video Release: I agree to allow publication of any media taken of me or my child at any program, event, or facility of the Village of Sherwood.

Concussion Waiver: As a parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the inherent risk of receiving a concussion or head injury and understand that your child must be removed from practice/play in a concussion is suspected. It is your responsibility to seek medical treatment if a suspected concussion is reported. The child may not return to practice/play until written proof of clearance has been issued from an appropriate health care provider.

Nondiscrimination Policy: It is the policy of the Village of Sherwood that no person shall, on behalf of race, color, or disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any sponsored program, activity, or employment. Pursuant of the Americans with Disability Act, the Village of Sherwood will make every reasonable effort to accommodate persons with disabilities in the provision of the Village services, programs, or activities. If you require special accommodation in order to participate, please inform us as you register.

Participant/Guardian Signature_____ Date _____