

**Natatorium Mail-In/ Drop-Off Registration Form**

Verona Area Natatorium  
400 B North Main Street  
Verona, WI 53593  
<http://www.verona.k12.wi.us>

**Step 1 - Family Information**

Family's Last Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Parent\Guardian (if participant is under 18) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_  
\_\_\_\_\_ VASD Resident \_\_\_\_\_ VASD Non-Resident

E-mail Address \_\_\_\_\_

Name of Emergency Contact \_\_\_\_\_ Phone# \_\_\_\_\_

**Step 2 - Waiver**

I, the undersigned do hereby agree to allow the individual named herein to participate in the activities indicated. I am aware and understand there may be potential risk inherent with participation in any recreation activity, and that the Verona Area School District does not provide accident insurance and cannot assume responsibility for injury to any participants in the recreation programs. I further understand the eligibility requirements for the program as stated in the department brochure and that no refunds will be given unless my spot can be filled or the department changes a class.

\_\_\_\_\_

Participant/Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Step 3 - Participant Information**

Participant First & Last Name	Age	Date of Birth	Course Code	Class Title	Session	Time	Cost

Please list any Health concerns/special needs: \_\_\_\_\_

**Step 4 - MAIL-IN/DROP-OFF FORM at the Natatorium**

Payment is due in full at time of registration, no phone registrations will be accepted.

Make check out to VASD  
(Verona Area School District)

MARK YOUR CALENDAR! We do not mail confirmations,

Total Fee Due \$ \_\_\_\_\_

Check Number \_\_\_\_\_

Cash \_\_\_\_\_

Date Processed \_\_\_\_/\_\_\_\_/\_\_\_\_

Staff Initials \_\_\_\_\_