

Tubing at Sylvan Hill

Registration Form



- When:**
- Wednesday, January 18, 2012
 - 6:00 PM until 9:00 PM (close)
- Who:**
- **All Middle School and High School Youth and their Families**
- Cost:**
- **\$6.00 /youth (Under 14)**
 - **\$8.50/adult (Over 14)**
- Register:**
- **Place your order below and pay by check (DUE Friday, January 13, 5:00 PM)**
 - **Online at:**
<http://www.stanneswausau.org/youth/youthevents>
(Until 12:00 Midnight January 18)



Purchaser's Information:

First Name: _____ Last Name: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
E-mail Address: _____

Release of Claims:

By my participation in this event and agreement to the waiver during the registration process, I the purchaser and all participants I represent agree to uphold the following release of claims statement:

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend The Church of St. Anne, its officers, directors, employees and agents, and the Diocese of La Crosse, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of La Crosse, its employees and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/diocese.

Parent/Guardian Adult Signature: _____

Date: _____

See Reverse Side for Individual Participant Registration and Payment

Participant's Information

	Participants Last Name	Participants First Name	Child Admission (Under age 14) \$6.00	Adult Admission (Over age 14) \$8.50
1				
2				
3				
4				
5				
6				
7				
8				
9				
		<i>Sub-Totals:</i>		
		Grand Total (Youth AND adult costs):		

Please make all checks payable to: The Church of St. Anne

OFFICE USE ONLY			
Date Received: _____		Total Fees _____	
Payment date: _____	Amt. Pd: _____	Ck#: _____	Balance: _____
Payment date: _____	Amt. Pd: _____	Ck#: _____	Balance: _____