

# SUMMER

**Registration Day—April 25th 9:00—11:30**

**Vernon Activity Center**

**REGISTRATION DEADLINE May 2nd**

Below you will find brief descriptions for upcoming programs and events.

Visit [www.townofvernon.org](http://www.townofvernon.org) for complete details of all programs.

If you would like an electronic version of our latest guide, contact Town of Vernon Park and Recreation at [recreation@townofvernon.org](mailto:recreation@townofvernon.org) and asked to be added to our email list.

## Adult Programs

### **\*NEW Landscaping Plants**

*Saturday, April 18*

*1:00p.m.*

*Steins Garden Center*

Explore plant and bush choices which thrive in our climate and how to care for them. This 45 min presentation is geared for beginners as well as experienced gardeners. Q & A session to follow.

FREE

*Please call or email so that we can prepare for you*

### **\*NEW Vegetable Gardening**

*Saturday, April 18*

*11:00a.m.*

*Steins Garden Center*

Want to try your hand growing your very own vegetable garden? This 45 min presentation is geared for beginners as well as experienced gardeners. Q & A session to follow.

FREE

*Please call or email so that we can prepare for you*

### **Men's Over 30**

### **Softball League**

*Sundays, May 17- Aug 2*

Season dates are approximate and subject to change

Games begin @ 5:00

Town Hall Park or Heather Ridge

\$400/team

### **Coed Sand Volleyball League**

*Fridays, July 25- Aug 29*

*Games begin @ 6:00p.m.*

*Heather Ridge Park*

\$25/participant (*individual*)

\$125/team (register a min of 6 players)

### **NEW Mixed Bocce League**

*Session 1- Sundays 7:00 p.m.*

*Session 2- Tuesdays 9:00 a.m.*

*Beginning May 17th*

Season dates are approximate and subject to change

\$25/participant (*individual*)

OR

\$80/team (*register as a foursome*)

### **Up Coming Events:**

*Baseball/ Softball*

*Deadline March 15th*

*Menu Planning—April 18th*

*Make & Take Wooden Sign Party*

*April 11th*

*Book Club: 2nd Monday of month 10- 11 am*

*1st Tuesday of month 7- 8 pm*

*American Red Cross Babysitting*

*March 14th, May 16th or July 25*



**TOWN OF VERNON  
PARKS & RECREATION DEPARTMENT  
REGISTRATION FORM**

Please return to: Town of Vernon Parks & Recreation Department  
W249 S8910 Center Drive, Big Bend WI, 53103  
(262) 662-4451

[www.townofvernon.org](http://www.townofvernon.org)

Email: [recreation@townofvernon.org](mailto:recreation@townofvernon.org)

Participant Name \_\_\_\_\_

Email Address \_\_\_\_\_

Parent Name \_\_\_\_\_

Parent Name \_\_\_\_\_

Address \_\_\_\_\_

Primary Phone # \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Secondary Phone # \_\_\_\_\_

Special Needs – contact the Parks & Recreation Department to discuss.

Allergies – please advise Coach or Instructor

Check One:       Resident (Town of Vernon)  
                       Non Resident (\$12.00)

**\*Check if willing to Coach**

OPTIONS for Youth Sport Shirt Sizes are as follows: YOUTH SIZE = YS (6-8) YM (10-12), YL (14-16), ADULT SIZES = AS AM AL AXL							
Activity Name	Activity #	Sex	Shirt Size (see above)	Grade (youth only)	School Attending	Age	FEE
<b>Total</b>							

**FRIEND REQUEST**

**\*PAYMENT MUST BE INCLUDED\***

**ONLY ONE FRIEND NAME** request per participant. Friends **MUST** request each other.

Friend's Name is: (only one) \_\_\_\_\_  
(multiple name requests will **not** be reviewed)

**LATE FEES**

Registration received after 3:30 pm on the deadline date are considered late. A non-refundable late fee of \$15 per participant, per activity will be assessed. Please add this to your registration fee. The Parks & Recreation Director will determine acceptance of late registration.

I am aware of and understand that there may be potential risks inherent with participation in any recreation activity, and that the Town of Vernon and the Town of Vernon Parks & Recreation Department are not liable for any injury that may occur. The Town of Vernon and the Town of Vernon Parks & Recreation Department do not provide accident insurance and cannot assume responsibility for injury to any participants in its recreation programs. I give my permission to the Town of Vernon Parks & Recreation Department to take action (call emergency vehicles, transport to doctor/hospital) for myself or my child if immediate medical attention is required due to accident or illness while under his/her/their supervision.

**SIGNATURE: Adult Participant or Parent /Guardian Signature (if participant under 18 years of age):** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**Town of Vernon Recreation Department  
Agreement to Release**

I, \_\_\_\_\_ (Parent/Guardian's name) and the participant named \_\_\_\_\_, my child or wards, agree as follows.

I understand that the requested program, like all activity, has some inherent risk involved. The participant is in good physical condition appropriate for the stated activity/program. I assume full responsibility for injuries incurred while taking part in an activity/program. In consideration of my or my child's use of the Town of Vernon facilities, including the park and other facilities, and my, or my child's participation in recreational or other activities/programs sponsored by the Town of Vernon, agree to release the Town of Vernon Board of Supervisors, the Town of Vernon Plan Commission, the Town of Vernon Park and Recreation and all officers, agents, and employees (the Indemnified Parties) from any duty which they may have, and agree to indemnify and hold harmless the Indemnified Parties from all claims, actions, expenses and compensation, on account of, or in any way growing out of, any and all personal injuries and property damage which I or my child may now or hereafter have, either before or after my child's use of any Town Park or facility and participation in any Town sponsored recreational or other activities/programs.

I promise to indemnify the Indemnified Parties for any damages or sum of money paid by the Indemnified Parties to or on behalf of my child for any injury sustained by my child as a result of the use of the Town's park facilities or other facilities and my child's participation in recreational or other uses sponsored by the Town.

I give my permission to the Town of Vernon Recreation Department to take action (call emergency vehicles, transport to doctor/ hospital) when my child requires immediate medical attention due to accident or illness while under his/her/their supervision. I am aware of and understand that there may be potential risk inherent with participation in any recreation activity/program, and that the Indemnified Parties are not liable for any injury that may occur. The Town of Vernon does not provide accident insurance and cannot assume responsibility for injury to any participants in its recreation programs.

Dated this \_\_\_\_\_ day of, \_\_\_\_\_ 2014

Signed \_\_\_\_\_

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## **PARENT & ATHLETE AGREEMENT**

**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 importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury.

**Parent Agreement:**

I \_\_\_\_\_ have **read** the Parent Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected. I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me. I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach. I understand the possible consequences of my child returning to practice/play too soon.

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

**Athlete Agreement:**

I \_\_\_\_\_ have **read** the Athlete Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused. I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian. I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play. I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

Athlete Signature \_\_\_\_\_ Date \_\_\_\_\_

# Children's Activities

## **\*NEW Creative Movement Camp**

Ages 3-4

Session 1—Mondays, June 8, 15, 22 & 29

Session 2 - Mondays, August 3, 10, 17 & 24

9:30- 10:05 a.m.

Vernon Activity Center

\$45 per participant

Non-Resident \$57/participant

## **\*NEW Princess Camp**

Ages 4-6

June 16, 17 and 18

10:00- 11:30a.m.

Vernon Activity Center

\$45/participant

Non-Resident \$57/participant

## **\*NEW Superstar Dance Camp**

Ages 7-9

Session 1- June 23, 24, & 25

Session 2—July 14, 15, & 16

Tuesdays 10:00- 11:45a.m.

Vernon Activity Center

\$55/participant

Non-Resident \$67/participant

## **\*NEW Beach Adventure Dance Camp**

Ages 4-6

July 7, 8 & 9

10:00- 11:30a.m.

Vernon Activity Center

\$45/participant

Non-Resident \$57/participant

## **\*NEW Vernon Stay & Play**

Ages 5- 13

Session 1- Mon- Fri June 22- July 24

Session 2- Mon- Fri July 27- Aug 28

8:00a.m.- 3:00p.m.

Town Hall park

\$250/participant/session

Non-resident \$262/participant/session

## **\*NEW Olympic Games**

Ages 5- 13

Monday- Friday June 15- 19

9:00a.m.- 3:00p.m.

Town Hall Park

Minimum 8 participants

\$65/participant

Non-resident \$77/participant

# Youth Activities

## **\*NEW Junior Golf Academy**

Ages 6- 10

June 15- June 19

12:30- 2:00p.m.

National Golf Center

\$150.00/participant

Non-resident \$162.00/participant

Min 4 participants. Max 8 participants

## **American Red Cross Babysitter's**

### **Training Course**

Saturday, May 16<sup>th</sup>

or

Saturday, July 25<sup>th</sup>

8:00a.m.- 1:00p.m.

Vernon Activity Center

\$65/participant

Non-Resident \$77/participant

## **\*NEW Pitch Perfect**

6<sup>th</sup> grade- 8<sup>th</sup> grade

Saturday, May 16

2- 4pm

Vernon Town Hall

This is a FAST PITCH softball pitching clinic.

\$20/participant

\$32/non-resident

## **\*NEW Co-ed High School Softball**

Town Hall Park or Heather Ridge

Sundays Games

June 14- Aug 9

Season dates are approximate and subject to change

\*Min 10/Max 20 players per team.

Minimum of 4 teams

\$75.00 /participant

Non resident fee does NOT apply

## **Highlands Soccer Camp**

June 15<sup>th</sup>—19<sup>th</sup>

Vernon Town Hall

## **Highlands Soccer Camp**

Grades PreK- 4<sup>th</sup> 9:00- 10:30

Grades 5- 8 11:00- 1:00

Grades 9- 12 11:00- 1:00

\$90/participant

