

SINISSIPPI RECREATION

HUSTISFORD, WI

Summer Recreation

The Sinissippi Recreation Department will again be working along with the Hustisford School District's Summer School and offering a program every day after summer school from 12:00pm—3:00pm for children entering Kindergarten (5k) and up.



Glen Falkenthal, Director

**201 South Lake Street
Hustisford, WI 53034**

920.349.4527 or 920.988.0313

**sinissippirecreation@live.com
www.hustisford.com**

Sinissippi Rec Board Members:

**Bob Knueppel (President)
Judy Ashby (Vice President)**

**Karen Kuehl
Abby Schulz
Phil Daehnert
Miranda Weinheimer
Heather Cramer**

General Information

This summer The Sinissippi Recreation Department will again be working along with the Hustisford School District's Summer School Program and offering a program every day after summer school from 12–3pm for children entering Kindergarten (5k) and up.

You have the opportunity to register for Summer Recreation on a weekly basis.

Children are to meet in the John Hustis Elementary lunch room. We offer a supervised lunch period after summer school, in which students need to bring their own lunch.

Each day will consist of supervised free play, craft projects, games, and other summer fun activities which will be age appropriate for every child.

Our goal this year is to have fun and enjoy your summer vacation while participating in a safe, supervised environment.

Residency in the Hustisford School District not required for attending.

Child MUST be toilet trained to participate in both Recreation and Swimming Lessons.

Summer Recreation days/weeks:

June 13	\$5.00
June 20	\$5.00
June 23 – June 27	\$25.00
July 7 – July 11	\$25.00
July 14 – July 18	\$25.00
July 21 – July 25	\$25.00
July 28 – August 1	\$25.00

Supervised lunch period after summer school, free play, craft projects, games, and fun activities

PLEASE NOTE:

NO SUMMER RECREATION THE WEEK OF JUNE 30 – JULY 4, 2025

Swimming Lessons (8 lessons)

Run by the TAG CENTER in Mayville, WI

**Mondays-Thursdays: June 9th - June 12th
June 16th - June 19th**

Session 1 : Bus will leave at 12:00noon from John Hustis & lesson will run from 12:45pm-1:15pm-The childs packed lunch will be eaten on the bus when going to TAG Center

Session 2 : Bus will leave at 1:00pm from John Hustis & lesson will run from 1:30pm-2:00pm-The childs packed lunch will be eaten at school before the bus leaves for lessons

If you miss the bus you are responsible for your own ride

**SINISSIPPI RECREATION
2025 SUMMER RECREATION REGISTRATION FORM**

NAME OF PARTICIPANT _____ AGE _____
Child must be potty trained

PARENT/GUARDIAN NAME _____ PHONE _____

STREET ADDRESS _____ CITY _____

MAILING ADDRESS (if different than physical address)

E-MAIL ADDRESS _____

EMERGENCY CONTACT _____ PHONE _____

DO WE HAVE TO BE AWARE OF ANY MEDICAL CONDITION/ALLERGIES? YES / NO

IF SO, WHAT _____

PLEASE CIRCLE THE DAYS/WEEKS YOU WOULD LIKE TO REGISTER FOR:

PLEASE NOTE: NO RECREATION JUNE 30 - JULY 4, 2025

June 13	\$5.00
June 20	\$5.00
June 23 – June 27	\$25.00
July 7 – July 11	\$25.00
July 14 – July 18	\$25.00
July 21 – July 25	\$25.00
July 28 – August 1	\$25.00

I UNDERSTAND THE INHERENT RISK OF INJURY INVOLVED IN PARTICIPATING IN THIS PROGRAM AND VERIFY THAT MY CHILD IS MEDICALLY FIT TO PARTICIPATE. I GIVE PERMISSION TO THE SUPERVISORS OF THIS PROGRAM TO TAKE PROPER STEPS IN CASE MY CHILD IS IN NEED OF EMERGENCY MEDICAL ATTENTION. I ALSO RELEASE THE SPONSORING GROUPS AND THEIR AGENTS FROM ANY AND ALL CLAIMS ARISING FROM THIS CHILD'S PARTICIPATION IN THIS ACTIVITY. I ALSO HEREBY GIVE PERMISSION FOR MY CHILD TO BE PHOTOGRAPHED DURING THIS ACTIVITY FOR THE PURPOSE OF PROMOTING SINISSIPPI RECREATION DEPARTMENT ACTIVITIES.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

PLEASE RETURN THIS REGISTRATION FORM, ALONG WITH YOUR REGISTRATION FEE TO: SINISSIPPI RECREATION DEPARTMENT, PO BOX 345, HUSTISFORD, WI 53034-0345 OR FORMS AND FEES MAY BE DROPPED OFF AT THE HUSTISFORD VILLAGE HALL LOCATED AT 201 S, LAKE ST, HUSTISFORD

**SINISSIPPI RECREATION
2025 SUMMER SWIMMING LESSONS REGISTRATION FORM**



NAME OF PARTICIPANT _____ AGE _____

PARENT/GUARDIAN NAME _____ PHONE _____

STREET ADDRESS _____ CITY _____

MAILING ADDRESS _____ CITY _____

EMAIL ADDRESS _____

EMERGENCY CONTACT _____ PHONE _____

Do we have to be aware of any medical conditions/allergies? YES / NO

If so, What _____

June 9 – June 12 AND June 16 – June 19

\$65.00 per child

I UNDERSTAND THE INHERENT RISK OF INJURY INVOLVED IN PARTICIPATING IN THIS PROGRAM AND VERIFY THAT MY CHILD IS MEDICALLY FIT TO PARTICIPATE. I GIVE PERMISSION TO THE SUPERVISORS OF THIS PROGRAM TO TAKE PROPER STEPS IN CASE MY CHILD IS IN NEED OF EMERGENCY MEDICAL ATTENTION. I ALSO RELEASE THE SPONSORING GROUPS AND THEIR AGENTS FROM ANY AND ALL CLAIMS ARISING FROM THIS CHILD'S PARTICIPATION IN THIS ACTIVITY. I ALSO HEREBY GIVE PERMISSION FOR MY CHILD TO BE PHOTOGRAPHED DURING THIS ACTIVITY FOR THE PURPOSE OF PROMOTING SINISSIPPI RECREATION DEPARTMENT ACTIVITIES.

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TOTAL AMOUNT PAID \$ _____

*******PARTICIPANTS WILL NOT BE REGISTERED UNTIL ALL FEES ARE PAID*******

SINISSIPPI RECREATION DEPARTMENT

PLEASE REGISTER BY FRIDAY, MARCH 21, 2025

PLEASE CHECK THE LEAGUE YOU ARE REGISTERING FOR:

- COACH PITCH ages 5-7 (\$10.00/child fee)
- BANTAM BASEBALL ages 8-9 (\$10.00/child fee)
- B-BALL BASEBALL ages 9-10 (\$15.00/child fee) *CANNOT BE AGE 11 BEFORE MAY 1st*
- A-BALL BASEBALL ages 11-12 (\$20.00/child fee) *CANNOT BE AGE 13 BEFORE MAY 1st*
- PONY LEAGUE BASEBALL ages 13-14 (\$25.00/child fee) *CANNOT BE AGE 15 BEFORE MAY 1st*
- GIRLS MIDDLE SCHOOL SOFTBALL 10U = girls going into 2nd – 4th grades (\$20.00/child fee)
- GIRLS MIDDLE SCHOOL SOFTBALL 12U = girls going into 5th – 7th grades (\$20.00/child fee)

PLAYER NAME: _____

PLAYER DATE OF BIRTH: _____ PLAYER GRADE: _____

PARENTS: _____

PHONE #: _____

EMAIL: _____

TOTAL DUE TO SINISSIPPI RECREATION DEPARTMENT: \$ _____

I understand the inherent risk of injury in participating in this sport program and verify that my child is medically fit to participate. I give permission to the supervisors of this program to take the proper steps in case my child is in need of emergency medical attention. I also release the sponsoring groups and their agents from any and all claims arising from this child's participation in this activity. SIGNATURE OF Parent/Guardian:

_____ Date: _____

PO Box 345 Hustisford, WI 53034
920.349.4527
sinissippirecreation@live.com

Flag Football Registration

3rd & 4th Grade (Older) Head Coach: Mark Mahan
1st & 2nd Grade (Younger) Head Coach: Steve Weinheimer

Participant Information:

Name: _____ Grade: _____

T-Shirt Size: _____

Parent/Guardian Names: _____

Contact Number: _____

Contact Email: _____

___ I am interested in being an assistant coach.

\$25 REGISTRATION FEE MUST ACCOMPANY REGISTRATION FORM. CHECKS PAYABLE TO SINISSIPPI RECREATION DEPARTMENT.

Please contact the Sinissippi Recreation Department at 920-349-4527 with any questions you may have

Practices dates, times and locations will be determined by coaching staff. We will work to coordinate around soccer practices, when possible.

I understand the inherent risk of injury in participating in this sports program and verify that my child is medically fit to participate. I give permission to the supervisors of this program to take the proper steps in case my child is in need of emergency medical attention. I also release the sponsoring groups and their agents from any and all claims arising from this child's participation in this activity. Signature of

Parent/Guardian _____

2025 Sinissippi POMS

FALL Session Registration Form

Tentative 1st Practice will be Tues. Aug 5th, 2025

at John Hustis Elementary School

\$90.00 Registration (includes session enrollment fee, uniform, poms)

OR

\$25.00 Registration Only (NO uniform or poms needed)

Return form with payment in full to the Hustisford Village Hall or John Hustis Elementary School.

Make checks payable to Sinissippi Recreation Dept.

Participant Information:

Name: _____

Age: _____ Grade: _____ Birthdate: _____

Uniform Size: _____

Parent/Guardian Information:

Name: _____

Address: _____

Phone Number: () _____ - _____

Email Address: _____

List any special needs your child may have: _____

I understand the inherent risk of injury in participating in this sports program and verify that my child is medically fit to participate. I give permission to the supervisors of this program to seek medical attention in the case of an emergency. I release the sponsoring groups and their agents from any and all claims arising from this child's participation in this activity.

Parent/Guardian Signature: _____ Date: _____

FEE PAID: CASH _____ CHECK # _____