

REGISTRATION FORM



Whitefish Bay
RECREATION

PAYEE INFORMATION (adult/parent/guardian)

Last Name _____ First Name _____

Address _____ Phone _____

City/State _____ Zip _____ Cell Phone _____

Email address _____

REGISTRATION OPTIONS



DROP OFF / MAIL
5205 N. Lydell Avenue
Whitefish Bay, WI 53217



ONLINE
www.wfbschools.com

COURSE SELECTION

Activity/Class/Program _____ Course Code _____ Section _____ Fee

Participant Name (First/Last) _____

Date of Birth _____ School (If Youth) _____ Grade _____

Please list any food allergies and/or medications needed, or any pertinent comments above.

Activity/Class/Program _____ Course Code _____ Section _____ Fee

Participant Name (First/Last) _____

Date of Birth _____ School (If Youth) _____ Grade _____

Please list any food allergies and/or medications needed, or any pertinent comments above.

Activity/Class/Program _____ Course Code _____ Section _____ Fee

Participant Name (First/Last) _____

Date of Birth _____ School (If Youth) _____ Grade _____

Please list any food allergies and/or medications needed, or any pertinent comments above.

CREDIT CARD INFORMATION

CREDIT CARD NUMBER:

- - -

EXP. DATE:

C V V#:

TOTAL

Signature _____

Card Holder Name (Print) _____

☐ I am willing to coach assist/coach my child's team.

Name of volunteer _____

- No telephone registrations are accepted.
- Payment methods:
CHECK or CHARGE Checks payable to Whitefish Bay Recreation Dept. or credit card (Visa, Mastercard AmEX and Discover).
Cash is NOT accepted.
- Email confirmations will be sent if email is provided.

There is a \$10.00 late fee for every program registration received on or after the start date of a program.

MUST READ AND SIGN BEFORE REGISTERING

LIABILITY AND PHOTO PERMISSION STATEMENT

All adult participants must sign below. The signature of a parent or legal guardian is required for youth registrations. In consideration of accepting this registration, I recognize that there are risks inherent to participation in recreational activities. I agree to indemnify and hold harmless the School District of Whitefish Bay, it's staff, employees and volunteers from and against any and all liability for bodily injury and/or property damage which may result from participation in the program. I hereby fully consent to emergency medical treatment, should emergency personnel or a physician deem such attention necessary. no accident insurance provided.

I further understand that photographs taken of recreation programs may be used by the Recreation Department for promoting their programs, classes or events.

Signature _____

Date _____



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