

# REGISTRATION FORM



## 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

Participant Name (First/Last) \_\_\_\_\_ Date of Birth \_\_\_\_\_

School (If Youth) \_\_\_\_\_ Grade \_\_\_\_\_

Please list any food allergies and/or medications needed, or any pertinent comments here:

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 here:

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Participant Name (First/Last) \_\_\_\_\_ Date of Birth \_\_\_\_\_

School (If Youth) \_\_\_\_\_ Grade \_\_\_\_\_

Please list any food allergies and/or medications needed, or any pertinent comments here:

Activity/Class/Program \_\_\_\_\_ Course Code \_\_\_\_\_ Section \_\_\_\_\_ Fee

## CREDIT CARD INFORMATION

CREDIT CARD NUMBER:     -     -     -

EXP. DATE:

CVV#:

Signature \_\_\_\_\_

Card Holder Name (Print) \_\_\_\_\_

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

Name of volunteer \_\_\_\_\_

TOTAL

- 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 \_\_\_\_\_



Whitefish Bay RECREATION