

Whitefish Bay Recreation Department Registration Form

No telephone registrations are accepted.
 Payment by CHECK or CHARGE only (no cash).
 Email confirmations will be sent if provided.

Payee information (adult/parent/guardian)

Last Name _____ First Name _____

Address _____ Home Phone _____

City/State _____ Zip _____ Cell Phone _____

Email address _____

↕ I would like to receive text messages for confirmations and updates. Provider (T-Mobile, Verizon, ATT...) _____

↕ I am willing to coach assist/coach my child's team. Name of volunteer _____

↕ I need reasonable modification due to a disability to enjoy this program. Explain _____

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 _____

If you are registering late or are registering from the wait list, please bring your receipt with you to the first day of class to confirm your place in the program.

Return registration/payment to:
 5205 N. Lydell Avenue
 Whitefish Bay, WI 53217 or fax to:
 414-963-3937.

Payment methods: Checks payable to Whitefish Bay Recreation Dept. or credit card (Visa, Mastercard and Discover only). Cash is NOT accepted.

Card Number _____

Exp. Date _____

Card Holder Name _____

Signature _____

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

| Participant Name (first/last) | Sex | Date of birth | School (if youth) | Grade |
|-------------------------------|-----|---------------|-------------------|-------|
| | | | | |

| Activity/Class/Program | Code | Section | Fee |
|------------------------|------|---------|-----|
| | | | |

| Participant Name (first/last) | Sex | Date of birth | School (if youth) | Grade |
|-------------------------------|-----|---------------|-------------------|-------|
| | | | | |

| Activity/Class/Program | Code | Section | Fee |
|------------------------|------|---------|-----|
| | | | |

| Participant Name (first/last) | Sex | Date of birth | School (if youth) | Grade |
|-------------------------------|-----|---------------|-------------------|-------|
| | | | | |

| Activity/Class/Program | Code | Section | Fee |
|------------------------|------|---------|-----|
| | | | |

Priority resident registration begins immediately. Resident lottery will be held August 22. Non-resident registration begins August 23.

Total

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