CITY OF WAUKESHA
PARKS · RECREATION · FORESTRY
NATIONAL
Gold Medal Winner

REGISTRATION FORM – MAIL/DROP-OFF/FAX

Mail/Drop-off to: Waukesha Parks, Recreation, & Forestry Dept., 1900 Aviation Drive, Waukesha, WI 53188
Fax to: (262) 524-3713 – Must use credit card as payment. (Make additional copies of this form as needed)

Please print and fill out form completely.

① Registering Adult (Parent or Guardian)

Payee Name_____ Address_____ City_____ State_____ Zip Code_____
(Last name, first name)

Home Phone _____ Work/Day Phone _____ Cell-Phone _____ E-mail_____

Date of Birth_____ Gender: M F   Emergency Contact & Relationship_____ Emergency Contact Phone_____
(Month, Day, Year)

Special Considerations (medications, disabilities, etc.) _____ ☐ Please check if special accomodations are required.

If more than one parental home or other special circumstance, give name, address, home/work phone : _____

② Fill in programs for each participant in your immediate household ONLY!

	Participant Name(s) (Last name, first name)	Code	Activity Name	Date of Birth	Grade '14 - '15	Gender M/F	Elem. School Attended '14 - '15	T-Shirt Size	Fee
1									$
2									$
3									$
4									$
5									$

YOUTH SPORTS ONLY! (spans Elem. School Attended and T-Shirt Size columns)

③ Authorization to participate and for Emergency Medical Treatment
I, as participant or parent/legal guardian of the above named child, hereby give permission for his/her/my participation in the above listed activity(ies). I further authorize, without my prior approval, the rendering of any emergency medical treatment that may be necessary due to his/her/my participation in the activity(ies).

Sub-Total	$_____
Credit From Account	$_____
"Round Up" *	$_____
Total Amount	$_____

Participant/Parent/Guardian Signature _____ Date_____

④ Volunteer Information
I am willing to volunteer: (please circle)

Coaching   Assistant Coaching
       Other:_____
Name:_____
Relationship:_____

* Round Up Program
Rounding up your activity fee helps us provide financial assistance to individuals and families in need.

⑤ Payment Information: Make checks payable to WPRF

☐ Cash   ☐ Check/Check#_____   ☐ Credit Card

Charge Information –VISA or Master Card Only! Not necessary if paying by check or cash.

Credit Card Number	Expiration Date	CSC Code
Cardholder (print name)	Payment Amount $	
Authorized Signature		

⑥ Any Service Improvement Suggestions?
_____

⑦ I wish to receive an emailed quarterly WPRF Newsletter.   ☐ Yes   ☐ No

Receipt ID _____