



REGISTRATION FORM – MAIL/DROP-OFF/EMAIL

Mail/Drop-off to: Waukesha Parks, Recreation, & Forestry Dept., 1900 Aviation Drive, Waukesha, WI 53188
 Email to: prf@waukesha-wi.gov (Make additional copies of this form as needed)

Please print and fill out form completely.

This registration form is to be used for single month registration only (submitted by mail, email, or in person)

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 accommodations 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!

| | | | | | | YOUTH SPORTS ONLY! | | |
|---|------|---------------|---------------|---------------|------------|-------------------------|--------------|-----|
| Participant Name(s) <small>(Last name, first name)</small> | Code | Activity Name | Date of Birth | Grade '21-'22 | Gender M/F | School Attended '21-'22 | T-Shirt Size | Fee |
| 1 | | | | | | | | \$ |
| 2 | | | | | | | | \$ |
| 3 | | | | | | | | \$ |
| 4 | | | | | | | | \$ |
| 5 | | | | | | | | \$ |

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
 (MasterCard, VISA, Discover, American Express)

*If paying by credit card: Once the form is received and processed an emailed response will be sent indicating payment is ready to be accepted via phone. Upon receipt, you will have three (3) business days to call the office with payment. If you do not pay within that time frame your registration will be removed from the system and you will have to re-submit, or you are welcome to register online.

6 Any Service Improvement Suggestions?

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

| | |
|--|---|
| Receipt ID _____ | Rcvd via: Mail Drop Box |
| Date Rcvd: _____/Date Processed: _____ | (circle one) In Person Fax Email |