



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 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 '19-'20	Gender M/F	School Attended '19 - '20	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

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 WPRF Monthly Newsletter. Yes No

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