



**Parks & Recreation**

### PROGRAM REGISTRATION FORM

**317 SOUTH MAIN STREET, JEFFERSON, WI 53549 Phone (920) 674-7720 Fax (920) 674-7710**

HEAD OF HOUSEHOLD \_\_\_\_\_

EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PRIMARY PHONE \_\_\_\_\_

ALT. PHONE \_\_\_\_\_

1. Complete form with waiver signed below.
2. Include payment: check made payable to: City of Jefferson / cash / credit card
3. Mail or drop off at City Hall (address above)
4. Proof of residency and/or age may be requested at anytime
5. Registrations are on a first come, first served basis at the time of payment
6. We reserve the right to cancel, combine or reschedule to meet class minimums

PLEASE NOTIFY THE REC. DEPT. IF YOU REQUIRE SPECIAL SERVICES TO FULLY PARTICIPATE.

**REFUNDS** will be issued by request and may be prorated.

<i>Participants Name</i>	<i>Date of Birth</i>	<i>Age</i>	<i>Grade</i>	<i>Program Name</i>	<i>Shirt size</i>	<i>Dates</i>	<i>Time</i>	<i>Fee</i>

LIABILITY WAIVER: All registrants are required to sign the following release. Parents or guardians must sign for minors. I, the undersigned do hereby agree; the above named registrant for whom I am the parent or guardian, to participate in the activity indicated and am aware of and understand that there may be risks and hazards inherent with participation in this activity. I affirm that I, or the minor registered for this activity, am doing so as a voluntary participant. In consideration of my participation or participation of the minor I do hereby agree to release, waive, absolve, indemnity on behalf of myself or minor, my/his/her family, my/his/her heirs and my/his/her assigns the City of Jefferson, its employees, officers, agents and sponsors from liability for injury, death or loss suffered by me or the minor in any and all present and future claims, liabilities, damages or right of action directly or indirectly resulting out of participation in the activity, using the facilities, or engaging in any activities incidental there during the duration of the scheduled program, which result from the ordinary negligence for the City of Jefferson, its employees, officers, agents and sponsors. The City of Jefferson DOES NOT provide accident insurance to participants in recreational activities and I assume full responsibility for any and all injuries or damages which may occur to me/or minor while participating. MEDICAL EMERGENCY RELEASE WAIVER FOR MINORS: In the event of a medical emergency, I authorize the Parks & Recreation Staff to obtain medical treatment for my son/daughter or minor for which I am guardian.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ ( ) CASH ( ) CHECK

**CREDIT CARD AUTHORIZATION** Amount: \$ \_\_\_\_\_

Name on Card (print) \_\_\_\_\_  
 ( ) Billing Same as above or please list

VISA/MC \_\_\_\_\_  
 or Discover \_\_\_\_\_

CVV Code \_\_\_\_ Exp. Mo. \_\_\_\_ Exp Yr. \_\_\_\_

I authorize the City of Jefferson to charge my credit card for the above fees. If the City of Jefferson is unable to process my payment, I will be responsible for an alternate payment arrangement.

Signature \_\_\_\_\_ Date / /

(a convenience fee will be added for credit cards)