

Recreation Department Registration & Waiver Form

One household only – Please print clearly in ink.

Each adult participant must sign below. The signature of a parent or legal guardian is required for youth registration.

I, the undersigned or parent/guardian of the individual(s) named below, do hereby agree to indemnify and hold harmless the Wauwatosa School District and its employees, officers and agents from and against any and all liability resulting from participation in the activities listed below. I understand that the program(s) in which I am enrolling, like all activity programs, has some inherent risk, for which I agree to assume the liability. Furthermore, the individuals named herein are in good physical health appropriate for the activities in which they will be participating. I understand that the Wauwatosa School District does not provide accident insurance.

Signature (Participating adult OR parent/guardian of minors listed below) _____

Signature (Participating adult #2) _____

Household Information

Name(s) of Head(s) of Household: _____ Email _____

Address _____ City _____ ZIP _____

Home Phone _____ Work Phone _____ Cell Phone _____

Office Use Only
\$ _____
Date _____
Initials _____

Please list more than one choice of a class. If your first choice is filled, we will try your second choice. If both are filled, we will contact you.

Program Choice	Class Name	Activity Number	Participant's Name (Include First, MI and Last Name)	Date of Birth	Grade 2020-21	School	Fee
1 st Choice		_____--____	Name:				
Alternate		_____--____	<input type="checkbox"/> Male <input type="checkbox"/> Female				\$
1 st Choice		_____--____	Name:				
Alternate		_____--____	<input type="checkbox"/> Male <input type="checkbox"/> Female				\$
1 st Choice		_____--____	Name:				
Alternate		_____--____	<input type="checkbox"/> Male <input type="checkbox"/> Female				\$
1 st Choice		_____--____	Name:				
Alternate		_____--____	<input type="checkbox"/> Male <input type="checkbox"/> Female				\$
1 st Choice		_____--____	Name:				
Alternate		_____--____	<input type="checkbox"/> Male <input type="checkbox"/> Female				\$

Special considerations (medical, physical): _____ My child will need physical assistance and/or additional supervision to participate.

MasterCard VISA _____ 3 digits _____ exp. Date ____/____/____ on back _____ Cardholder's Signature _____

Fax to: (414)773-2920 OR Mail to: Wauwatosa Recreation Department, 11324 W. Center Street, Wauwatosa, WI 53222 Make all checks payable to Wauwatosa Recreation Department.

Email to: tosarec@wauwatosa.k12.wi.us

Please note: For program promotion purposes, photographs may be taken of participants. If you do not wish to have your photo taken, please notify the photographer or instructor.