



**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 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!

	Participant Name(s) <small>(Last name, first name)</small>	Code	Activity Name	Date of Birth	Grade '17-'18	Gender M/F	YOUTH SPORTS ONLY!		
							Elem. School Attended '17 - '18	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).

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.

### 6 Any Service Improvement Suggestions?

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

## REGISTRATION FORM

### 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		

Receipt ID \_\_\_\_\_