

General Recreation Classes

Please print clearly

Please indicate your relationship to registrant/s

Self
 Spouse
 Parent/Guardian
 Other: _____

Name of Person Paying _____

Address _____ City _____ Zip _____

Cell Phone _____ Work Phone _____ Home Phone _____

Email _____

School Child Attends (Required) _____

YES, Please sign me up for the monthly E-Newsletter! Stay up to date on all the latest WAWM RCS Department news!

Emergency Name & Phone _____

Relationship to Registrant/s _____

Liability Statement: An adult must sign below. The signature of a parent/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 West Allis-West Milwaukee 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 West Allis-West Milwaukee School District does not provide accident insurance.

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

YES, I'm interested in coaching youth sports Required

Name _____ Phone _____

League _____ T-shirt Size: Adult S M L XL XXL

Participants Name (First, Middle, Last)	M/F	Birthdate M/D/Y	'19-'20 Grade
Class Name		Registration Number	Fee
1st Choice:			
Alternate Choice			

T-Shirt Size (If applicable) Youth: 6-8 10-12 14-16 Adult: S M L XL XXL

Participants Name (First, Middle, Last)	M/F	Birthdate M/D/Y	'19-'20 Grade
Class Name		Registration Number	Fee
1st Choice:			
Alternate Choice			

T-Shirt Size (If applicable) Youth: 6-8 10-12 14-16 Adult: S M L XL XXL

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1st Choice:			
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T-Shirt Size (If applicable) Youth: 6-8 10-12 14-16 Adult: S M L XL XXL

Make check payable to: WAWM RCS Department Credit Card* Check Cash Total \$ _____

*Online, In Person or Call-In (Visa, Mastercard, Discover)