

General Recreation Classes Winter/Spring 2012 Registration Form

One HOUSEHOLD only - Please print clearly

Please indicate your relationship to enrollee: Myself Spouse Parent/Guardian Other _____

If under 18 years of age, school attending: _____

Name of Person Paying: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____ Home Phone of Enrollee if different from Person Paying: _____

Emergency Contact for Enrollee (Name & relationship): _____ Phone : _____

All participants are requested to sign the following release. Parents or guardians must sign for minors. 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. I authorize the department staff to obtain medical treatment for the below named

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

If program includes a T-shirt as part of registration fee, T-shirt sizes available: Adult size: S M L XL; Youth Sizes: 10-12 14-16

If interested in coaching: Name: _____ Sport: _____ Phone Number: _____

Participants Name (1st, MI, Last) (Full name, no nicknames)	Sex	Birthdate(Required) Month/Day/Year	11-12 Grade	Class Name	Registration Number	Fee
				1st Choice:	_____	\$
				2nd Choice:	_____	
				1st Choice:	_____	\$
				2nd Choice:	_____	
				1st Choice:	_____	\$
				2nd Choice:	_____	
				1st Choice:	_____	\$
				2nd Choice:	_____	

**Make check payable to: WA-WM Recreation Department
Mail to: 1205 S 70th Street, West Allis, WI 53214**

Total \$ _____

check cash