

General Recreation Classes Winter/Spring 2010 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: _____
 First priority is given to WA-WM school district residents who mail or drop off registration by 5:00 pm on Friday, January 8, 2010. This is your best chance to get into a class or program. If we receive more forms than a program size will allow, we will conduct a random drawing to select participants. Registration continues on January 11 for programs where space is available and will continue through the start of the program.

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 (no nicknames)	M or F	T-Shirt	Birthdate(Required) Month/Day/Year	Current 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: 2930 S Root River Parkway, West Allis, WI 53227

Total \$ _____
 check cash