

Registration Form

HEAD OF HOUSEHOLD	Last/First Name _____		Birthdate (Month/Year/Date) _____	Gender (M or F) _____
	Address _____		City _____	Zip _____
	Primary Phone (_____) _____		Work Phone (_____) _____	
	Secondary Phone (_____) _____		Email address _____ Must be included for receipt	

EMERGENCY CONTACT	Your emergency contact should NOT be a contact within the same household, but a rather an alternate contact in the local area. The emergency contact is only contacted if we cannot reach the primary household contact (e.g. parent/guardian) already on file.			
	Name _____	Relationship _____	Home Phone _____	Cell Phone _____

Participant First & Last Name	M/F	Birthdate	Activity Name	Class #	Date, Day & Time of Class	Fee

Waiver and release of all claims

Please read this carefully and be aware that registering and participating in the programs of the Muskego Recreation Department, which you have listed on the registration application, you will be waiving and releasing all claims for injuries you might sustain arising out of these programs.

"As a participant in programs, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with such programs. I agree to waive and relinquish all claims I may have as a result of participating in programs against the Recreation Department and its officers, agents, servants and employees. I do hereby fully release and discharge the City of Muskego and its officers, agents, servants and employees from any and all claims from injuries, including death, damage or loss which I may have or which may accrue to me on account of my participation in programs. I further agree to indemnify and hold harmless and defend the City of Muskego and its officers, agents, servants and employees from any and all claims resulting for injuries, including death, damages and losses sustained by me and arising out of, connected with, or in any way associated with the activities of the programs."

I HAVE READ AND FULLY UNDERSTAND THE ABOVE PROGRAM DETAILS AND WAIVER AND RELEASE OF ALL CLAIMS.

PAYMENT	Make checks payable to: City of Muskego, mail to W182S8200 Racine Ave., Muskego, WI 53150 or fax to (262) 679-5637
	Cardholder Name: _____
	Number: _____
	Exp. Date ____/____/____ VCode _____
	Signature: _____

SHIRT SIZE	Shirts are ordered for some programs. Please list students name and shirt size.
	Youth: S (6-8) M (10-12) L (14-16)
	Adult: AS, AM, AL, AXL, AXXL

Please read over the policies on pages 5-6 before registering. Please note the cancellation and refund policies. You will be responsible to know the policies. If you have included an email address your receipt will be emailed to you. Note: Registration will not be processed without payment