



# REGISTRATION FORM

## (Household)

Send Confirmation/Receipt via:

- E-mail  Mail / Us Postal

### PRIMARY HOUSEHOLD CONTACT INFORMATION

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Address \_\_\_\_\_ APT # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Primary ( ) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Secondary ( ) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail Address \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

- Resident (City of Greenfield)  
 Non-Resident  
 Non-Resident with children currently enrolled in the Greenfield or Whitnall School District.

**Emergency Contact (Name & phone)**  
 To be used in an emergency— only if primary or secondary phone contacts are not available.

Participant Name (First & Last)	Birth Date	Program Title (Level)	Code # (8 digit)	Fee
<input type="checkbox"/> Female <input type="checkbox"/> Male	Month/Day/Year (Required)			\$
<b>Special Considerations (i.e. medications, disabilities, allergies, etc.):</b>		<b>Class Type:</b> <input type="checkbox"/> In Person <input type="checkbox"/> Virtual	<b>School &amp; Grade (Youth Only)</b>	<b>T-Shirt Size (circle if applicable)</b> Youth: S 6-8 M 10-12 L 14-16 Adult: S M L XL XXL
Participant Name (First & Last)	Birth Date	Program Title (Level)	Code # (8 digit)	Fee
<input type="checkbox"/> Female <input type="checkbox"/> Male	Month/Day/Year (Required)			\$
<b>Special Considerations (i.e. medications, disabilities, allergies, etc.):</b>		<b>Class Type:</b> <input type="checkbox"/> In Person <input type="checkbox"/> Virtual	<b>School &amp; Grade (Youth Only)</b>	<b>T-Shirt Size (circle if applicable)</b> Youth: S 6-8 M 10-12 L 14-16 Adult: S M L XL XXL
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I, the undersigned or parent/guardian of the individuals named above, do hereby understand that I have registered the individual(s) named herein to participate in the aforementioned activity(ies) and I further agree to indemnify and hold harmless the City of Greenfield and its employees, officers and agents from and against any and all liability. In addition, I understand that the requested programs indicated above, like all activity, have some inherent risk involved. Furthermore, the individuals named herein are in good physical condition appropriate for the stated activity(ies) and that participants must assume full responsibility for injuries incurred while taking part in an activity. No accident insurance is provided by the City of Greenfield. I/ We have read and agree to the registration and related department policies, including the right to use my or my child's photograph or image with or without my or my child's name, both single and in conjunction with other persons or objects for any and all purposes including, but not limited to, private or public presentations, advertising, publicity, and promotion relating thereto.

**ALL ADULT PARTICIPANTS MUST SIGN BELOW.**

IN ADDITION, THE SIGNATURE OF A PARENT OR LEGAL GUARDIAN IS REQUIRED FOR YOUTH .

- Participant over Age 18  Parent  Legal Guardian

X \_\_\_\_\_  
 Signature Date

X \_\_\_\_\_  
 Signature Date

**Help Us Help You!**

Please comment on ways we may serve you better (customer service, facility/program improvements, new programs, etc.):

**"Round Up"**  
**For Youth Recreation**  
*Rounding up your program fee helps provide financial assistance for those unable to afford the program fee for youth activities.*

Total Fees \$ \_\_\_\_\_

Credit \$ \_\_\_\_\_

Sub Total \$ \_\_\_\_\_

\$ \_\_\_\_\_

Community Center Donation \$ \_\_\_\_\_

**Total Amount \$ \_\_\_\_\_**

**Payment Method:** (✓)  Cash  Gift Certificate

Check (Payable to: CITY OF GREENFIELD) # \_\_\_\_\_

Credit Card (circle) Exp. Date \_\_\_\_ / \_\_\_\_

Card # \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

Signature: X \_\_\_\_\_

**Return To: Greenfield Parks & Recreation**  
**7325 West Forest Home Ave., Rm 200,**  
**Greenfield, WI 53220-3356**  
**FAX: (414) 543-2369**

Please check for completeness.

QUESTIONS? Call (414) 329-5370 for assistance M-F 8AM-5PM.

*Thank You!*