



REGISTRATION FORM

(Household)

Return To: Greenfield Parks & Recreation
 7325 West Forest Home Ave., Rm 200,
 Greenfield, WI 53220-3356
 FAX: (414) 543-2369
 M-F 8AM-5PM

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.

OLDER ADULTS 55+ Annual Membership or Renewal Registration below

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)			\$
Special Considerations (i.e. medications, disabilities, allergies, etc.):		Class Type: <input type="checkbox"/> In Person <input type="checkbox"/> Virtual	School & Grade (Youth Only)	T-Shirt Size (circle if applicable) Youth: S 6-8 M 10-12 L 14-16 Adult: S M L XL XXL
<input type="checkbox"/> Female <input type="checkbox"/> Male	Month/Day/Year (Required)			\$
Special Considerations (i.e. medications, disabilities, allergies, etc.):		Class Type: <input type="checkbox"/> In Person <input type="checkbox"/> Virtual	School & Grade (Youth Only)	T-Shirt Size (circle if applicable) Youth: S 6-8 M 10-12 L 14-16 Adult: S M L XL XXL
<input type="checkbox"/> Female <input type="checkbox"/> Male	Month/Day/Year (Required)			\$
Special Considerations (i.e. medications, disabilities, allergies, etc.):		Class Type: <input type="checkbox"/> In Person <input type="checkbox"/> Virtual	School & Grade (Youth Only)	T-Shirt Size (circle if applicable) Youth: S 6-8 M 10-12 L 14-16 Adult: S M L XL XXL
<input type="checkbox"/> Female <input type="checkbox"/> Male	Month/Day/Year (Required)			\$
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Participant Name (First & Last)	Birth Date	Program Title	Code # (8 digit)	Fee
<input type="checkbox"/> Female <input type="checkbox"/> Male	Month/Day/Year (Required)	Older Adult 55+ Annual Membership or Renewal \$15 (R) / \$22.50 (NR)		\$
<input type="checkbox"/> Female <input type="checkbox"/> Male	Month/Day/Year (Required)	Older Adult 55+ Annual Membership or Renewal \$15 (R) / \$22.50 (NR)		\$

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:

**"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** _____