PROGRAM REGISTRATION FORM
(ONE FORM PER HOUSEHOLD)

Please read over the updated policies on the last page before registering. Please note the cancellation and refund policies. Also, please make a note of all the classes you are signing up for as confirmations will not be sent. ***Note: Registration will not be processed without payment. When mailing in a registration, classes will be confirmed only when placed in your second-choice class.***

▶ Family Information

Name *(first/last)* _____

Address *(of participant)* _____ **Apt.** _____

City _____ **Zip** _____

Home Phone ( ) _____ **Alternative Phone** ( ) _____ ❑ Cell ❑ Work

E-Mail Address _____

▶ Please indicate your relationship to the registrant(s) named herein (check all that apply):

❑ Myself ❑ Spouse ❑ Parent/Guardian

❑ Other *(please state)* _____

▶ Emergency Name & Phone _____

Relationship to registrant(s) _____

▶ School District:

❑ Greendale ❑ Other

❑ Non-Resident ❑ Open Enrollment

▶ Special Considerations *(medications, disabilities, etc.) for:*

_____

Choice	Name of Registrants/Participants First	Last	Male Female	Date of Birth	Grade 23-24	Program Title (Level)	Activity Number	Program Fee
1st								
2nd								
1st								
2nd								
1st								
2nd								
1st								
2nd								
1st								
2nd								

T-SHIRTS (if applicable to program)

Shirt size options: Youth 6-8, 10-12, 14-16 Adult S, M, L, XL

Name _____ Size _____

Name _____ Size _____

Round up for Recreation
Rounding up your program fees helps provide financial support to the Greendale Park & Rec for promotion of preschool, youth, adult & senior citizen programs.

Total Fees	$
Sub Total	$
	$
Total Amount	$

I, the undersigned, do hereby agree to allow the individual(s) named herein to participate in the actvity(ies) indicated. I am aware of and understand that there may be potential risks inherent with participation in any recreation activity and that the Greendale School District and the Village of Greendale does not provide accident insurance and cannot assume responsibility for injury to any participants in the recreation programs. I further understand the eligibility requirements for the program as stated in the Department brochure, and that there are no refunds given unless the department changes a class. I have read and fully understand this agreement, and furthermore 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 presentation, 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 REGISTRATIONS.

▶ Signature _____ **Date** _____

QUESTIONS?? Call 414-423-2790 for assistance.

MAIL TO: Greendale Park and Recreation, 5647 Broad Street, Greendale, WI 53129

Please check over form for completeness. Thank you!

▶ Payment Method: (check one)

❑ Check (Checks payable to): ***Greendale School District***

❑ Cash ❑ Gift Certificate

❑ Credit Card (circle) VISA MasterCard Discover

Card # _____ Exp: _____

Card Holder Name: _____ V-code: _____

Signature: _____