## PROGRAM REGISTRATION FORM (ONE FORM PER HOUSEHOLD)

Please read over the Greendale Park and Recreation Department policies on the next 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)		when placed in your second-choice cl			class.	3		
•	,		A 4		►Please indicate your re	elationship to the registrant(s) ı	named herein	
Address (of participant)Zip Home Alternative			Apt		(check all that apply):			
City		Zip			☐ Myself ☐ Spo			
					<ul><li>Other (please state) _</li></ul>			
Phone (	) Phone (	)		Work				
E-Mail Address					Emergency Name & Phone			
School District:  Greendale Other			Relationship to registrant(s)  Special Considerations (medications, disabilities, etc.) for:					
□ Non-F	Resident  Open Enrollment		Jiisiderat	ions (med	arcanorio, arcabilinos, cic., re	JI.		
Choice 1st	Name of Registrants/Participants First Last	Male Date Female Birt			Program Title (Level)	Activity Number	Program Fee	
2nd								
1st								
2nd								
1st								
2nd								
1st								
2nd								
1st								
2nd								
	(if applicable to program)					/ Round up for Recreation	ees \$	
	ns: Youth 6-8, 10-12, 14-16 Adult S, M, L, XL					provide financial support to the  Greendale Park & Rec for promotion	Fotal \$	
ame	Size Size					of preschool, youth, adult & senjor citizen programs.	\$	
						Total Amo	ount  \$	
e undersigned, do hereby agree to allow the individual(s) named herein to participate in the actvity(ies) indicated. I am aware of and understand there may be potential risks inherent with participation in any recreation activity and that the Greendale School District and the Village of					age of	Payment Method: (check one)		
endale does not provide accident insurance and cannot assume responsibility for injury to any participants in the recreation programs. I furth lerstand the eligibility requirements for the program as stated in the Department brochure, and that there are no refunds given unless the arartment changes a class. I have read and fully understand this agreement, and furthermore agree to the registration and related departme cies, 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 w					☐ Check (Checks payable to): Greendale School District			
				nd related depar	rtment D Coch D Gift C	ertificate		
er persons or objects for any and all purposes including, but not limited to, private or public p						) VISA MasterCard Disco	over	
ing thereto.	ALL ADULT PARTICIPANTS MUST SIGN BELOW. PARENT OR LEGAL GUARDIAN IS REQUIRED			A	•		Exp:	
Signature	·		Date					
	QUESTIONS?? Call 414-423-2790 fo	or assistance.			Card Holder Name: _	V	/-code:	
MAIL TO: Greendale Park and Recreation, 5647 Broad Street, Greendale, WI 53129  Please check over form for completeness. Thank you!					Signature:			