REGISTRATION FORM

Online registration is available at fallsrec.org

SCHOOL DISTRICT OF MENOMONEE FALLS
CE&Rec
Community Education & Recreation

HEAD OF HOUSEHOLD

Last / First Name _____ Birthdate (Month/Date/Year) _____ Gender (M or F) _____

Address _____ City _____ Zip _____

Home Phone (_____) _____ Work Phone (_____) _____ Email address _____

Must be included to receive a receipt

Cell Phone (_____) _____ Cell Phone Carrier* _____

*By providing your carrier, you agree to receive text messages from MF CE & Rec.

Which school district boundary do you live in? ☐ Menomonee Falls ☐ Hamilton (Sussex) ☐ Other

EMERGENCY CONTACT

Your emergency contact should NOT be a contact within the same household, but 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 _____ Other Phone _____

PARTICIPANT INFORMATION

Participant First & Last Name	M/F	Birthdate	Attend SDMF Schools	T-Shirt Size (mandatory)	Activity Name	Class #	Date, Day & Time of Class	Fee
			[ ] Yes [ ] No	Youth: S M L Adult: S M L XL				
			[ ] Yes [ ] No	Youth: S M L Adult: S M L XL				
			[ ] Yes [ ] No	Youth: S M L Adult: S M L XL				
			[ ] Yes [ ] No	Youth: S M L Adult: S M L XL				

Total Fee	
Credit	
Total Due	

ADULT SIGNATURE REQUIRED! In consideration for the School District of Menomonee Falls allowing me and/or my child to participate in the activity, I, on behalf of myself and my child, expressly release, waive, discharge and covenant not to sue the District, its officers, agents, employees, representatives, and/or volunteers (collectively "the District") from any and all claims and for all loss, injury, or damage to me and/or my child arising out of my and/or my child's participation in the activity, whether caused by the negligence of someone acting on behalf of the District or the negligence of someone else. I recognize and acknowledge that there are inherent risks of serious injury to participants in the activity. I, on behalf of myself and my child, acknowledge that I and/or my child are voluntarily participating in the activity with knowledge of the danger involved and hereby agree to accept and assume any and all risks of injury and/or damage, whether caused by the negligence of the District or otherwise. I further agree to notify an instructor of any medical conditions and/or other needs which may limit my and/or my child's participation in the activity and/or pose a health or safety risk for me, my child, and/or others in connection with participating in the activity. Should an emergency arise while participating in the activity, I give my permission to have a District representative take proper measures in the care of me and/or my child, including but not limited to transportation to an area emergency facility, or nearest hospital, if felt necessary by that representative. I also agree that I and/or my child will follow the rules and regulations set by the School District of Menomonee Falls and above named parties. I understand that photos may be taken of myself or my child and used for promotional purposes; and I, on behalf of myself and my child, hereby agree the School District of Menomonee Falls shall not incur any liability for payment to any person or organization as a result of the stated use of the aforesaid photographs.

Adult Signature ✗ _____ Date _____

PAYMENT

Make checks payable to: MF CE & Rec , **mail to** W152 N8645 Margaret Rd., Menomonee Falls, WI 53051 or **fax to** (262) 255-8411

Cardholder Name: _____ Number: _____

Exp._____ VCode _____ Cardholder Signature _____

MENOMONEE FALLS SCHOOLS
Engage | Learn | Improve