PROGRAM REGISTRATION FORM

Mail to: Parks & Recreation, 915 Menomonie St, Eau Claire, WI 54703
Fax to: (715) 839-1685
Register anytime on-line at www.eauclairewi.gov/reg

Check the box that applies to your family:
☐ City Resident ☐ Non-City Resident

Registering Adult, Parent or Guardian (please print and fill out completely)

Last Name	First Name (parent/guardian)	
Address		Apt. #
City	State	Zip
Home Phone	Cell Phone	Work Phone
Email Address		

☐ **Check here if any information above has changed**

If participating in a youth league, I have read and understand the Concussion Agreement Form online? ☐ Yes ☐ No
If **No,** you will not be able to participate. www.eauclairewi.gov/concussion
Do you need an accommodation due to a disability? ☐ Yes ☐ No (If marked Yes, you will be contacted by staff)
How did you hear about us? ☐ Prime Times ☐ Social Media ☐ Website/Web Search ☐ Other_____

Fill in program information for each participant *(more than one participant may be listed)*

Activity # 1st Choice	Activity # 2nd Choice	Activity Name	Participant's Name	DOB	M/F	School Attending (Fall '16)	Grade	Activity Fee
EX: FAQL1-101SM	*FAQL1-102SM*	*Level 1 Swim*	*Sarah Smith*	*9/14/08*	*F*	*Manz*	*3*	*$ 37*
								$
								$
								$
								$
								$
								$

Sub-Total $_____

I understand participation in Parks and Recreation Programs involves an element of risk or danger for all participants and may cause serious injury, death, or property loss. I agree to assume these risks for my family and release the City of Eau Claire, its employees, and other participants from any liability for injuries and damages sustained while participating in these programs.

Participant or Parent/Guardian Signature_____ Date_____

Payment Information

Make checks payable to: Eau Claire Parks & Recreation
☐ I would like to donate to the youth Fairfax pool pass fund or youth recreation scholarship fund: $_____
Total Enclosed: $_____

☐ Cash ☐ Check / Check #_____ ☐ Money Order ☐ VISA ☐ MasterCard ☐ Discover

Cardholder Name: Card #: 3-Digit Security #:
Cardholder Signature: Expiration Date:

Confirmation receipts will be sent via email. Please review all notes.