

MILWAUKEE RECREATION CLASS/ACTIVITY REGISTRATION FORM

MAIN CONTACT _____ **LAST NAME** _____ **FIRST NAME** _____ **MIDDLE INITIAL** _____ **DATE OF BIRTH** Month/Day/Year _____ **RECEIPT # (OFFICE USE ONLY)** _____

ADDRESS (NO PO BOX #s, PLEASE) _____ **APT. #** _____ **CITY** _____ **ZIP CODE** _____

EVENING PHONE (____) _____ **DAY PHONE** (____) _____ **E-MAIL** _____

PREVIOUS ADDRESS (IF YOU'VE RECENTLY MOVED): _____

CASH **MONEY ORDER** **CREDIT CARD #** _____ **EXP. DATE** ____/____/____

CHECK (# _____) **CARDHOLDER NAME** _____ **SECURITY CODE:** _____

CHECKS PAYABLE TO MILWAUKEE RECREATION **PHONE NUMBER (____) _____** **SIGNATURE:** _____

ACTIVITY + SECTION CODE	ACTIVITY NAME	DAY	TIME	FEE	PARTICIPANT'S FIRST & LAST NAME	SEX	DATE OF BIRTH <small>Month/Day/Year</small>

REDUCED ACTIVITY FEE (17 YEARS & UNDER)
 Families meeting financial guidelines may qualify for an activity discount. Children's classes over \$10 are eligible for a \$5 discount. Children's classes \$30 and over are eligible for a \$10 discount. Most field trips, special events, and admission fees are not eligible and are so noted in the class description. School-age youth whose family qualifies for one or more of the following program subsidies are eligible for the youth discount (where applicable): FoodShare/SNAP (Supplemental Nutrition Assistance Program), Wisconsin Shares Childcare Subsidies, and Foster Care. The MPS student database will be used to verify participant eligibility. Non-MPS students must provide eligibility documentation with registration. **Our full policy can be found online at www.MilwaukeeRecreation.net/reduced.**

CHECK THIS BOX IF YOU ARE REQUESTING THE REDUCED ACTIVITY FEE FOR YOUR CHILD

TOTAL FEES \$ _____

REDUCED ACTIVITY FEE — \$ _____

SCHOOL NAME: _____

Please check this box if you wish to donate \$1 to the Youth Program Fund. **\$1 DONATION?**


TOTAL PAYMENT DUE \$ _____

PERMISSION: I hereby grant permission for my child/myself to participate in the above-named MPS Recreation event. In the event of any injury requiring medical attention, I hereby grant permission to the recreation staff (including volunteers) to attend to my son/daughter or myself including seeking medical attention.

WAIVER: I/we recognize that unanticipated situations and problems can arise during Recreation activities that are not reasonably within the control of the recreation staff (including volunteers). I/we therefore agree to release and hold harmless the Milwaukee Board of School Directors, its agents, officer, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to myself or my child and the costs of medical services.

PHOTO PERMISSION/RELEASE: I understand, as parent/legal guardian of the above-named child, that there are times when the local news media, national news media and/or nonprofit organizations partnering with Milwaukee Public Schools request the opportunity to videotape, take photographs and/or interview children within Milwaukee Recreation and Milwaukee Public Schools. By signing this, I understand that and give permission for MPS to allow this with respect to my child. I also understand that by signing this release I give permission to the Milwaukee Public Schools to make or use pictures, slides, digital images, or other reproductions of me, of my minor child or of materials owned by me or my child, and to put the finished pictures, slides, or images to use without compensation in broadcast productions, publications, on the Web, or other printed or electronic materials related to the role and function of the Milwaukee Public Schools. I understand that by signing this, I am, on behalf of myself and my child, releasing MPS and its directors, officers, employees and agents, from any future claims as well as from any liability arising from the use of any photograph or other images. This form shall be valid for the duration of the current Milwaukee Recreation program season.

I hereby certify that I have read and do understand the above information:

 Signature required for all registrations before the advertised registration deadlines.

Please sign this form at left, enclose total payment, and mail to Milwaukee Recreation PO Box 461 Milwaukee, WI, 53201 or fax to (414) 475-8183