

REGISTRATION FORM

City of Elkhorn Recreation Department

	First Name	Last Name	<u>Residency:</u>	
Participant			City of Elkhorn	<input type="checkbox"/>
Guardian			Non-Resident	<input type="checkbox"/>

Address: _____ City: _____ Zip: _____

Phone: (H) _____ (W) _____ (C) _____

Email Address: _____

Emergency Contact: _____ Relation: _____ Phone: _____

Allergies: _____

Medical Information: If there are any medical conditions, the participant or guardian should talk to the instructor at the first session in addition to consulting a physician before participating.

PARTICIPANT	SESSON #/ TIME	PROGRAM/ACTIVITY	AGE	BIRTHDATE	GRADE	SEX: M/F	T-SHIRT SIZE (if applicable)	FEE
All Programs are subject to cancellation if minimum enrollment is not met.								TOTAL FEES DUE:

PAYMENT METHOD: CASH or CHECK # (payable to City of Elkhorn): _____ DATE PAID: _____

CREDIT CARD: _____ EXP: _____

Yes No For promotional purposes, do we have your permission to take photographs of your child at our programs?

The undersigned, on my behalf, or in my capacity as a parent/guardian of the individual(s) named above, understand that participation in the City of Elkhorn (hereinafter "City") sponsored parks and recreation programs involves an element of risk or damage for all participants and may cause serious injury, death, or property loss. I understand that such risk may be inherent to the activity, or may rise out of a negligent act or omission by the city or a third party. I, on my own behalf, or in my capacity as parent/guardian of the individual(s) named above, and on behalf of my heirs, executors, administrators or assigns do hereby agree to indemnify and hold harmless the City and its employees, officers and agents from and against any and all liability. I further understand that in signing this waiver of liability, I am waiving any and all rights, claims, or causes for damage that I or my children may acquire against the City.

Signature: _____ Date: _____

- Register Online: www.cityofelkhorn.org • Mail Form: Elkhorn Recreation Dept., PO Box 920, Elkhorn WI 53121 •
- Drop-Off Form: Elkhorn Recreation Dept., 200 Devendorf Street, Elkhorn WI 53121 (M – F 8:00 – 4:30) •