CITY OF NEENAH
PARKS & RECREATION DEPARTMENT

MILITARY FAMILY WAIVER VERIFICATION FORM

{CITY OF NEENAH RESIDENTS ONLY}

(Please Print)

Name of Deployed Resident:_____
first last

Address:_____ Neenah, WI 54956

Branch of Service:_____

Deployment to:_____

Date of Deployment:_____Return Date:_____

Verified by:_____Date:_____

PROGRAMS REQUESTING: {Please complete the below form.}

(Please Print)

GUARDIAN'S *LAST* NAME_____ ***FIRST* NAME**_____

STREET_____**CITY** NEENAH **ZIP** 54956

PHONE (H)_____ **(W) / (C)** _____**(EMERGENCY)** _____

RESIDENCY *(Check one):* ☐ **City of Neenah** ☐ **Non-Resident** **EMAIL** _____

SPECIAL CONSIDERATIONS (Medications, disabilities, etc.): Name_____

PARTICIPANT'S FIRST NAME (Last name if different than above)	M/F	BIRTH DATE	AGE	GRADE FALL 2011	CLASS #	ACTIVITY	FEE TO BE WAIVED
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LIABILITY INFORMATION: You should be aware that Parks & Recreation programs involve an element of risk or danger for all participants and may cause serious injury, death, or property loss. The Neenah Parks & Recreation Dept. does not provide nor cover any medical or hospital insurance for participants in our programs. All persons participating in NPRD sponsored activities must provide their own insurance and assume risk of all injuries.

TOTAL FEES WAIVED	

ADULT SIGNATURE_____DATE_____

I have read & understand the liability information listed above.