REGISTRATION FORM

ONE FORM PER HOUSEHOLD

Neenah Parks & Recreation

(Please Print Clearly)

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

ADDRESS _____ **CITY** _____ **ZIP** _____

PHONE (PRIMARY) _____ **(SECONDARY)** _____ **(EMERGENCY)** _____

EMAIL ADDRESS _____

RESIDENCY: Your residency is based on what city/town you pay taxes to, not necessarily what your mailing address indicates.

(Please check one) ☐ **City of Neenah** ☐**Town of Neenah** ☐**City of Menasha** ☐**Town of Menasha** ☐**City of Appleton** ☐**Other**

PARTICIPANTS FIRST NAME (Last name if different than above)	M/F	BIRTH DATE	AGE	GRADE (next school year)	CLASS #	ACTIVITY (ex: baseball, soccer, swim, tot lot)	FEE
Add $1 or more to your total fee to help provide financial assistance for a City of Neenah resident unable to afford program fees. Thank you for supporting your community.					SUNSHINE PROGRAM MARK UP (OPTIONAL) ➔ ➔ ➔ ➔ ➔ ➔ ➔ ➔ ➔		$
						TOTAL AMOUNT DUE	$

T-SHIRT SIZE FOR: Sports Camps, Filthy Fun Kids Run, Operation Recreation		
CHILD'S NAME	CIRCLE ONE	CIRCLE ONE
	YOUTH or ADULT	Small Medium Large
	YOUTH or ADULT	Small Medium Large X-Large

SPECIAL CONSIDERATIONS: (Medications, disabilities): _____

WHERE DID YOU HEAR ABOUT OUR PROGRAMS? ☐Leisure Connections Brochure ☐Website ☐E-Mail ☐Newspaper ☐Facebook ☐Word of Mouth ☐City Newsletter ☐Other: _____

ADULT SIGNATURE _____ **DATE** _____

I have read and understand the liability information listed below.

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 Department 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.

MAIL OR DROP OFF FORM AND PAYMENT TO:
Neenah Parks & Rec. Dept., 211 Walnut St., Neenah, WI 54956