



REGISTRATION FORM

De Pere Community Center, 600 Grant Street, De Pere, WI 54115 (920) 339-4097

PARENT/GUARDIAN NAME: _____ **ADDRESS:** _____ **ZIP:** _____

HOME PHONE: _____ **WORK PHONE:** _____ **CELL:** _____ **E-MAIL:** _____

City of De Pere Resident **Non-Resident** (Town/City): _____

(NOTE: Persons living outside the corporate limits of the City of De Pere must pay the non-resident fee)

*A resident is defined as any individual who lives in the City of De Pere. A non-resident is defined as any individual that resides outside the City of De Pere limits. This includes individuals who live outside the City limits yet are in a De Pere School District.

LIABILITY WAIVER: All registrants are required to sign the following release. Parents or guardians must sign the minors. I, the undersigned do hereby agree; the above named registrant for whom I am the parent or guardian, to participate in the activity indicated and am aware of and understand that there may be risks and hazards inherent with participation in this activity. I affirm that I, or the minor registered for this activity, am doing so as a voluntary participant. In consideration of my participation or participation of the minor I do hereby agree to release, waive, absolve, indemnity on behalf of myself or minor, my/his/her family, my/his/her heirs and my/his/her assigns the City of De Pere, its employees, officers, agents and sponsors from liability for injury, death or loss suffered by me or the minor in any and all present and future claims, liabilities, damages or right of action directly or indirectly resulting out of participation in the activity, using the facilities, or engaging in any activities incidental there during the duration of the scheduled program, which result from the ordinary negligence for the City of De Pere, its employees, officers, agents and sponsors. The City of De Pere DOES NOT provide accident insurance to participants in recreational activities and I assume full responsibility for any and all injuries or damages which may occur to me/or minor while participating.

I do hereby grant and give these groups the right to use my or my child(s) photograph or image with or without my or my child's name, both singly and in conjunction with other persons or objects and presentations, advertising, publicity, and promotion relating thereto.

MEDICAL EMERGENCY RELEASE WAIVER FOR MINORS: In the event of a medical emergency, I authorize the Parks & Recreation staff to obtain medical treatment for my son/daughter or minor for which I am guardian.

PARTICIPANT'S SIGNATURE: _____ **DATE:** _____

(Parent's signature required if under 18)

***Mail or drop off completed form to: De Pere Community Center, 600 Grant Street, De Pere, WI 54115**

Activity	Course Number	Participant (first & last name)	Date of Birth	Sex	T-Shirt Size (if applicable)	Activity Fee
					Circle: Youth S M L Adult S M L XL	\$
					Circle: Youth S M L Adult S M L XL	\$
					Circle: Youth S M L Adult S M L XL	\$
						\$
SCHOLARSHIP PROGRAM DONATION →						\$
Total Amount Due						\$

Add \$1 or more to your total fees to help provide financial assistance for a City of De Pere youth unable to afford program fees. Thanks for supporting the RECREATION SCHOLARSHIP PROGRAM and your community!

List All Family Members to set up Family Account

First Name, Last, if Different	Date of Birth	Gender	Relationship

Emergency Contact Name _____ Relationship _____

Emergency Contact Phone Number(s) _____

Special information (allergies, medications, physical limitations, etc.) for any family members:

Cash **Check** **Credit**

(Visa, Mastercard, American Express, Discover)

Card #: _____ Exp. Date: _____

Amount Paid: _____ V-Code: _____

Signature: _____