

# PORT WASHINGTON PARKS & RECREATION REGISTRATION FORM



(Please Print)

HOUSEHOLD FIRST NAME \_\_\_\_\_

LAST NAME \_\_\_\_\_

STREET \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (HOME) \_\_\_\_\_

(CELL) \_\_\_\_\_

E-MAIL \_\_\_\_\_

Programs held on city property use City of Port Washington boundaries as the residency requirements for fees. Programs held on school district property use Port Washington/Saukville School District boundaries as the residency requirements for fees. A Port Washington mailing address does not automatically mean you are a city resident.

POOL PASSES - When purchasing a Family Season Swim Pass, list all members receiving a pass in the participants section below.

SHIRT SIZE (if requested) Name \_\_\_\_\_ YS (6/8) YM (10/12) YL (14/16) AS AM AL

Name \_\_\_\_\_ YS (6/8) YM (10/12) YL (14/16) AS AM AL

For Playground Program - Indicate Park Location \_\_\_\_\_

SPECIAL CONSIDERATIONS (Medications, disabilities, etc.): \_\_\_\_\_

Please consider this registration form confirmation of class requested. We will only contact you in the event of a correction or cancellation.

Mail, Fax or Drop Off  
Form & Payment To:  
City of Port Washington  
Parks & Recreation Department  
201 N. Webster Street  
Port Washington, WI 53074  
Phone: 262-284-5881  
Fax: 262-284-7678

Activity No.	Section No.	Participant's Name <small>(include Last Name if different than above)</small>	Child's Age	Grade	Activity Name, Days and Times	Fee

**Visa or Mastercard**

Cash \_\_\_ Check # \_\_\_\_\_ Credit Card No. \_\_\_\_\_ Expiration Date \_\_\_\_\_ **TOTAL FEE** \_\_\_\_\_

**LIABILITY WAIVER:** I the undersigned do hereby agree; or agree for 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 participants 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, indemnify on behalf of myself or minor, my/his/her family, my/his/her heirs and my/his/her assigns the City of Port Washington, 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 thereto during the duration of the scheduled program, which result from the ordinary negligence for the City of Port Washington, its employees, officers, agents and sponsors. The City of Port Washington does not provide accident insurance to participants in recreational activities and I assume, or agree for the above named registrant for whom I am the parent or guardian, full responsibility for any and all injuries or damages which may occur to me or the above named registrant while participating.

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

**PHOTO RELEASE:** I agree to allow publication of any photos taken at any program, event or facility of the City of Port Washington Parks and Recreation Department.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Rec'd By \_\_\_\_\_