

ASHWAUBENON PARKS, RECREATION & FORESTRY DEPARTMENT
2155 HOLMGREN WAY ASHWAUBENON, WI 54304

RECREATION REGISTRATION FORM
(920) 492-2331

FAMILY LAST NAME: _____

HOME PHONE: _____

ADDRESS: _____ ZIP _____

WORK PHONE: _____

RESIDENCE OF: [] ASHWAUBENON [] OTHER _____

ASK FOR: _____

Program/Class Trip/Special Event	Session	Level	Day(s)	Time	Participant's Name First/Last	Date of Birth	Age	Grade	Sex	Fee
EXAMPLE: Yoga	1	---	Tu/Th	6:45 - 7:45	Jane Doe	1/1/75	28	__	F	\$18.75

FOR SWIM REGISTRATION (SECOND CHOICE ONLY)

Total \$

Session # _____ Time _____ Level _____

How did you hear about this program: Previous Participant Brochure Newspaper Other _____

Photography Policy: The Ashwaubenon Parks, Recreation & Forestry Department uses photos of participants for promotional purposes. By registering for the program, you have granted us permission to use your photograph for promotional purposes unless otherwise noted.

Waiver Agreement: In consideration of your accepting my child's or my entry. I hereby, for myself, my child, my heirs, executors and administrators, waive and release any and all rights and claims for damages I or my child may have against the representatives, successors, and assigns for any and all injuries suffered by myself of my child at any activity sponsored by these groups.

SIGNATURE: _____ DATE: _____

(Parent's signature if under 18)

OFFICE USE ONLY:

Resident Non-Resident

Fee Paid \$ _____

Cash Check # _____ Credit

VISA MasterCard

Card # _____

Exp. Date _____

Signature _____

Date Rec'd _____ Rec'd By _____

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