



Program Registration Form

City of Menasha
 140 Main Street
 Menasha, WI 54952

•Please Print, One Family Per Form! •Residency Status Will Be Verified •Y members must present valid membership card

Parent First Name: _____ Last Name: _____
(primary emergency contact)

Address: _____ E-mail: _____
(Please provide for receipt to be sent)

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Secondary Contact Person: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Residency City of Menasha City of Appleton City of Neenah Y Member # _____ Other

Participant First & Last Name	M/F	Birthdate	Class Name	Class Number	Fee

Total Fees \$ _____

I would like to make a donation to the Family Assistance Fund in the amount of \$ _____

The Family Assistance Fund helps to provide financial assistance to those unable to afford program fees for youth activities. This is an optional program.

Total Amount \$ _____

MEDICAL INFORMATION WE SHOULD KNOW:

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 Menasha Parks & Recreation Department does not provide nor cover any medical or hospital insurance for participants in our programs. All persons participating in MPRD sponsored activities must provide their own insurance and assume risk of all injuries.

PHOTO RELEASE: I authorize Menasha Parks and Recreation Staff to photograph me (or my underage child(ren)) and to use the photos to promote their programs and services in printed materials or on the web without further notice to me. Names will not be published. YES NO

Parent/Guardian Signature _____ Date _____
I have read and understand the liability and photo release information listed above.