

Program Registration/Emergency Information Form

•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: _____
(if provided, receipt will be e-mailed to you)

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 Town of Menasha Y Member Other: _____

First & Last Name(s)	*Birthdate	Sex	T-shirt Size baseball and kickball only	Class or Lesson Name	Fee	1st Choice Class/Lesson Number	2nd Choice Class/Lesson Number

I would like to make a donation to the Family Assistance Fund in the amount of: \$ _____ Give all Menasha kids a great summer!

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 Names will not be published.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 _____

Adult Signature _____ Date _____

I have read and understand the liability and photo release information listed above.