## Part 1 • FAMILY INFORMATION (please print clearly)

| Family's Last Name | Home Phone |  |
| :---: | :---: | :---: |
| Address | City/State | Zip Code |
| Name of Father | Work/Day Number ( | Cell Phone ( ) |
| Name of Mother | Work/Day Number ( | Cell Phone ( ) |
| E-mail Address |  |  |
| Name of Emergency Contact |  |  |

## Part 2 • SIGN THE WAIVER/RELEASE

I, the undersigned do hereby agree to allow the individual named herein to participate in the activities indicated. I am aware and understand there may be potential risk inherent with participation in any recreation activity, and that the Fond du Lac School District and City of Fond du Lac does not provide accident insurance and cannot assume responsibility for injury to any participants in the recreation programs. I further understand the eligibility requirements for the program as stated in the department brochure and that there is no transfer of fees allowed or refunds given unless my spot can be filled or the department changes a class. I also agree to allow publication of any photos taken of me or the participant(s) at any program, event, or facility of the Fond du Lac Recreation Department.
Participant/Parent/Guardian Signature

Date | Registration is NOT VALID without signed |
| :---: |
| waiver and release. |

Part 3 • PARTICIPANT INFORMATION


Special Information [i.e. medical, physical, allergies]: $\qquad$

## Part 4 • MAIL-IN FORM TO THE RECREATION DEPARTMENT

Payment is due in full at time of registration, no phone registrations will be accepted.

| TOTAL FEE: \$ |
| :---: |
| Money Order |
| Cash |
| Check - \# |

Make check or money order payable to:
FDL Recreation Department


OFFICE USE ONLY

## Initials

Receipt Provided $\quad Y / N$

MARK YOUR CALENDAR! We do not mail confirmations, please provide your e-mail address if you wish to receive confirmation The Rec. Dept. will contact you in case there is a waiting list for the program for which you registered, otherwise, you may assume your registration has been processed as requested.

