

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: _____

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: _____
(circle all that apply)

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

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.

ADULT SIGNATURE _____

DATE _____

I have read and understand the liability information listed above.