

**MPS Recreation Division CLASS / ACTIVITY REGISTRATION**

Receipt # \_\_\_\_\_ (Office Use Only)

PARENT/GUARDIAN \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Address \_\_\_\_\_ (No PO BOX #s Please) Apt. No. \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Evening Phone (\_\_\_\_\_) \_\_\_\_\_ Day Phone (\_\_\_\_\_) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

(Please fill in if you have moved within the last year) Previous Address \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_

**PLEASE PRINT VISA OR MASTERCARD # CLEARLY.**

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Cardholder Name (Print) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Signature \_\_\_\_\_ Phone# \_\_\_\_\_  
 Checks payable to: **Milwaukee Recreation Division**

Cash  
 Check (Check # \_\_\_\_\_)  
 Money Order

❖ Faxes are NOT confirmed by phone, fax, or e-mail.  
 Confirmations will automatically be sent via US Mail.

Complete if under 18 yrs of age (Read and Sign Box A)

Course Number	(List 1st and 2nd Choices) Class Name / Activity	Day	Time	Location	Fee	Participant's First / Last Name (and address, zip, phone if different from above)	Sex	Date of Birth Mo / Day / Yr	Age Now
1st								/ /	
2nd								/ /	
1st								/ /	
2nd								/ /	
1st								/ /	
2nd								/ /	
1st								/ /	
2nd								/ /	

**(A) PERMISSION FOR CHILDREN'S ACTIVITIES**  
 (Must be signed by Parent/Guardian for anyone under the age of 18)

Permission is granted for my son/daughter to participate in the above activity as conducted by the Recreation Division. I agree that if a health condition exists which would limit his/her participation in this activity, I will notify the Recreation Division.

Signature  \_\_\_\_\_

**Total Fees** \$ \_\_\_\_\_

**Free/Reduced Lunch Discount** \$ \_\_\_\_\_  
 Read & Sign Box (B).  
 Enter name of MPS school on the right. If NON-MPS, attach documentation.

Please check (✓) this box to donate \$1.00 to the Youth Program Fund  **\$1.00 Donation**

**TOTAL PAYMENT DUE** \$ \_\_\_\_\_

**Name of the MPS school where your child(ren) receive free/reduced lunch** \_\_\_\_\_

**(B) FREE/REDUCED LUNCH DISCOUNT (17 YRS & UNDER)**  
 (Must be signed by Parent/Guardian if taking this discount)

**NEW POLICY:** If your child(ren) receive(s) free/reduced lunch, you may qualify for a discount. Most children's classes over \$10 are eligible for a \$5 discount. Most children's classes \$30 and over are eligible for a \$10 discount. Some classes, most field trips, special events, and admission fees are not eligible and are so noted in the class description. **Your application must be on file with the MPS School Lunch Office. Non-MPS students must provide eligibility documentation with registration.**

Signature  \_\_\_\_\_

**Mail must be received by Wednesday, April 7, 2010.**  
**Mail to: MPS Recreation Div., PO Box 461, Milw., WI 53201**  
**Fax to 475-8183, no later than 4:00pm on Wed., April 7, 2010.**

Please note: For program promotion purposes, photographs may be taken of participants. If you do not wish to have your photo taken, please notify the photographer or instructor.