

MPS Recreation Division

CLASS / ACTIVITY REGISTRATION

Receipt # _____ (Office Use Only)

PARENT/GUARDIAN _____ Last Name _____ First Name _____ M.I. _____

Address _____ 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# _____

Cash
 Check (Check # _____)
 Money Order
 Checks payable to:
Milwaukee Recreation Division

❖ Faxes are NOT confirmed by phone, fax, or e-mail.

Confirmations will automatically be sent via US Mail.

Complete if under 18 yrs

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								/ /	

(A) PERMISSION FOR CHILDREN'S ACTIVITIES
(Must be signed by Parent/Guardian for anyone under the age of 18)
 PERMISSION: I hereby grant permission for my child to participate in the above-named MPS Recreation event. In the event of an injury requiring medical attention, I hereby grant permission to the recreation staff (including volunteers) to attend to my son/daughter including seeking medical attention. WAIVER: We recognize that unanticipated situations and problems can arise during Recreation activities that are not reasonably within the control of the recreation staff (including volunteers). We therefore agree to release and hold harmless the Milwaukee Board of School Directors, its agents, officers, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to the child and the costs of medical services.

Signature _____

Total Fees \$ _____

Free/Reduced Lunch Discount
 Read & Sign Box (B).
 Enter name of MPS school below.
 If NON-MPS, attach documentation.

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

TOTAL PAYMENT DUE \$ _____

(B) FREE/REDUCED LUNCH DISCOUNT (17 YRS & UNDER)
(Must be signed by Parent/Guardian if taking this discount)
NEW POLICY: If your child/children 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 _____



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.

Mail must be received by January 20, 2012.
 Mail to: MPS Recreation Division,
 PO Box 461, Milwaukee, WI, 53201
 Fax to (414) 475-8183, no later than 4:00pm on January 20, 2012.