



Fitchburg Recreation Registration Form

- Make Checks Payable to City of Fitchburg
- Mail forms and payment to:
Fitchburg Parks & Recreation Dept.
5520 Lacy Road, Fitchburg WI 53711
- Questions? Call us at 270-4285 or email tony.king@city.fitchburg.wi.us

Family Information (Head of Household)						
Head of Household's Name(s)				Home Phone #		
Mailing Address			City		Zip	
Mom's Cell #			Dad's Cell #			
Mom's Email			Dad's Email			
Would you like to receive e-mail about upcoming programs?					Friend Request (1 only)	
Are you interested in volunteering to coach? (Include name)						
What Size T-Shirt/Jersey does your child wear? (Circle) YS/6-8 YM/10-12 YL/14-16 AS AM AL						
Participant Name	M/F	DOB (mm/dd/yyyy)	Grade	Activity Name	Activity Code #	Fee
						\$
						\$
						\$
						\$
What School Does your Child Attend?					Total Fee:	\$
Method of Payment	Cash <input type="checkbox"/> Check <input type="checkbox"/> # Credit Card <input type="checkbox"/> Visa/MasterCard/American Express					
	Credit Card #			Expires		
<p>Please read the following and sign:</p> <p>I agree to the unreserved use of my name and/or likeness (including photographs, videotapes, and other depictions) for publicizing Fitchburg Parks & Recreation Department Programs. In CONSIDERATION of the acceptance of the application for entry into the classes or activities listed above, I the undersigned, by signing hereunder waive irrevocably all liability against said coach and the City of Fitchburg, for myself and my child/ward, and agree to provide medical and dental care for such child in case of injury. I further agree that such coach may without further permission take whatever steps he/she deems necessary in case of injury including obtaining emergency medical or dental care through the Fitchburg Emergency Medical Service.</p>						
Medical Conditions/Allergies						
Dr's Name			Clinic		Phone#	
Parent/Guardian Signature					Date:	