



# REGISTRATION FORM

ONE FORM PER HOUSEHOLD

(Please Print Clearly)

**GUARDIAN'S LAST NAME** \_\_\_\_\_ **GUARDIAN'S FIRST NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PHONE (H)** \_\_\_\_\_ **(C)** \_\_\_\_\_ **(E)** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

(Your residency is based on what city/town you pay taxes to, not necessarily what your mailing address indicates.)

**RESIDENCY: (Please check one)** CITY OF NEENAH  NON- RESIDENT

YOUTH SPORTS CAMPS ONLY T-Shirt Size		
CHILD'S NAME	CIRCLE ONE	CIRCLE ONE
	YOUTH or ADULT	Small Medium Large X-Large
	YOUTH or ADULT	Small Medium Large X-Large

<b>OPERATION RECREATION ONLY</b>	<b>DROP OFF TIME:</b> _____	<b>PICK UP TIME:</b> _____
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**SPECIAL CONSIDERATIONS (Medications, disabilities, etc.)** \_\_\_\_\_

PARTICIPANTS FIRST NAME (Last name if different than above)	M/F	BIRTH DATE	AGE	GRADE FALL 2011	CLASS #	ACTIVITY	FEE

Add \$1 or more to your total → fees to help provide financial assistance for a City of Neenah resident unable to afford program fees. Thanks for supporting the SUNSHINE PROGRAM and your community.

<b>SUNSHINE PROGRAM MARK UP (optional)</b> → → → →	
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<b>TOTAL AMOUNT DUE</b>	<b>\$</b>
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**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 Neenah Parks & Recreation Department does not provide nor cover any medical or hospital insurance for participants in our programs. All persons participating in NPRD 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.

**MAIL OR DROP OFF FORM AND PAYMENT TO:**  
 Neenah Parks & Rec. Dept., 211 Walnut St., Neenah, WI 54956