

ACTIVITY REGISTRATION FORM

Account Main Contact Name - Parent/Legal Adult Guardian Name

Muskego/Norway School District Resident

Non-Resident (outside M/N School District)

1. Mr. _____ Gender M F Home Phone _____
 Ms. _____ (Circle) _____ Area Code _____ Number _____
 Mrs. _____ First Name _____ Last Name _____

Complete all information in step 2 below if you are new, any information has changed, or you are not sure

2. Residence Address _____ No. & Street _____ Apt. No. _____ City _____ Zip + 4 Code _____
 Main Contact Work Phone _____ Area Code _____ Number _____ Date of Birth for person **1** above (must be 18 or older) _____/_____/_____
 Emergency Contact _____ First Name _____ Last Name _____ Emergency Contact's Phone _____ Area Code _____ Number _____
 e-mail address for main contact _____@_____

New item. Required to use internet registration now online at www.ezrecreg.com

Activity Registration: This registration is for (circle one): **Winter** **Spring** **Summer** **Fall**

3.

All participants listed here must live at the same address as listed above.

Participant Name - first and last (use one line for each person or course)	Course Title	Course Number	Alternate Course No.	Course Fee \$
1.				
2.				
3.				
4.				
5.				
6.				

Date of Birth (mm/dd/yy)	Gender
/ /	M F
/ /	M F
/ /	M F
/ /	M F
/ /	M F
/ /	M F

Credit Card Payment Authorization

MasterCard VISA

expiration date _____/_____/_____
 month / year

_____ authorized signature (as shown on credit card)

Total Fees _____
 Less Credit on Account _____
 Total Amount Enclosed _____

- Check (payable to City of Muskego)
- Cash
- Visa or MasterCard (complete authorization box)
- Other _____

Fax your registration to 262-679-5637
 mail to P&R, PO Box 749, Muskego WI 53150 Questions, 262-679-4108

To the extent allowed by law, I hereby absolve the City of Muskego, its employees, agents, independent contractors, and officers from all liability which may arise as the result of my/our participation in activities I or any member of my family account attends or registers into; and, in the event that the above named participant is a minor, I hereby give my permission for his or her participation as indicated and in so doing absolve the City of Muskego, its employees, agents, independent contractors, and officers from such liability. I am aware that if I have registered for a class involving physical activity, I have taken care to enroll at a class level appropriate to my/our physical abilities and/or medical condition. I release use of my/our photos taken during program participation from all and any claims and demands resulting from their use in program publicity.

4. Signature _____ Date _____ Signature _____ Date _____
 Self Parent Guardian Self Parent Guardian