



PORT WASHINGTON PARKS & RECREATION REGISTRATION FORM

Online registration is available at portwashington.recdesk.com
 201 N Webster Street, Port Washington, WI 53074 Phone: (262) 284-5881

Household FIRST Name _____ LAST Name _____ DOB _____ M/F _____
 Street Address _____ CITY _____ ZIP _____
 PHONE _____ CELL CARRIER (text alerts) _____ E-MAIL _____

RESIDENCY STATUS

- City Resident
- City Non-Resident
- PWSSD Resident
- PWSSD Non-Resident

SUMMER PARK

Select Location

- Hill School
- Kolbach
- Meadows

FAMILY SEASON POOL PASSES

List all members receiving a pass in the participants section below.

SPECIAL CONSIDERATIONS (Medications, disabilities, etc.):

Activity Number	Participant's Name (include Last Name if different than above)	M/F	Birth Date	Grade	T-Shirt Size (if requested)	Program Name, Days and Times	Fee

Cash _____ Check # _____ Visa/Mastercard/Discover# _____ Exp. Date _____ TOTAL FEE _____

I am aware of the signs and symptoms of concussions.

CONCUSSION WAIVER: As a parent and as an athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you have read the concussion awareness information and understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or heard injury. For information regarding concussions, please visit our website, portwashington.recdesk.com

LIABILITY WAIVER: I the undersigned do hereby agree; or agree for the above named registrant for whom I am the parent or guardian, to participate in the activity indicated and am aware of and understand that there may be risks and hazards inherent with participants in this activity. I affirm that I, or the minor registered for this activity, am doing so as a voluntary participant. In consideration of my participation or participation of the minor I do hereby agree to release, waive, absolve, indemnity on behalf of myself or minor, my/his/her family, my/his/her heirs and my/his/her assigns the City of Port Washington, its employees, officers, agents and sponsors from liability, for injury, death or loss suffered by me or the minor in any and all present and future claims, liabilities, damages or right of action directly or indirectly resulting out of participation in the activity, using the facilities, or engaging in any activities incidental thereto during the duration of the scheduled program, which result from the ordinary negligence for the City of Port Washington, its employees, officers, agents and sponsors. The City of Port Washington does not provide accident insurance to participants in recreational activities and I assume, or agree for the above named registrant for whom I am the parent or guardian, full responsibility for any and all injuries or damages which may occur to me or the above named registrant while participating.

MEDICAL EMERGENCY RELEASE WAIVER FOR MINORS: In the event of medical emergency, I authorize Parks & Rec Dept Staff to obtain medical treatment for my son/daughter or minor for which I am a guardian.

PHOTO RELEASE: I agree to allow publication of any photos taken at any program, event or facility of the City of Port Washington Parks and Recreation Department.

Signature _____ Date _____ Consider this registration form confirmation of class requested. We will contact you with any corrections or cancellations.

Office Use Only: Rec'd By _____ Date _____ Payment ID _____