



# POLAR EXPRESS REGISTRATION FORM

### Mail or Drop Off Form and Payment to Your Local Recreation Department:

City of Port Washington, Parks & Recreation Department, 201 N. Webster Street, Port Washington, WI 53074

Phone: 262-284-5881 Fax: 262-284-7678

Village of Grafton Parks and Recreation Department, 675 N. Green Bay Road, Grafton, WI 53024

Phone: 262-375-5310 Fax: 262-375-5327

City of Cedarburg Parks, Recreation & Forestry Department, W63 N645 Washington Avenue, Cedarburg, WI 53012

Phone: 262-375-7611 Fax: 262-375-1028

(Please Print)

HOUSEHOLD LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

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

PHONE (HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_

E-MAIL \_\_\_\_\_

SPECIAL CONSIDERATIONS (Medications, disabilities, etc.): \_\_\_\_\_

Please consider this Registration Form confirmation of program requested. We will only contact you in the event of a correction or cancellation.

Participant's Name <small>(include Last Name if different than above)</small>	Child's Age	Grade	Riding Bus (Y/N)	Fee

Please indicate your departing location:  Port Washington  Grafton  Cedarburg

Cash \_\_\_\_\_ Check # \_\_\_\_\_ TOTAL FEES \_\_\_\_\_

**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, the Village of Grafton and the City of Cedarburg, their 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, the Village of Grafton and the City of Cedarburg, their employees, officers, agents and sponsors. The City of Port Washington, the Village of Grafton and the City of Cedarburg do 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 a medical emergency, I authorize the Parks and Recreation Department 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, the Village of Grafton and the City of Cedarburg Parks and Recreation Department.

*Because space is limited, large items such as strollers, wagons, car seats, etc., are prohibited. Thank you for your cooperation.*

Signature \_\_\_\_\_ Date \_\_\_\_\_