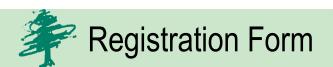
Drop off: Recreation Division 18 N. Jackson St. Janesville WI 53548



Mail: Recreation Division P.O. Box 5005 Janesville WI 53547-5005

Please print and use this form for all Recreation activities. Please use a separate form for each participant.

Participant Name:	nt Name:		Nickname:			D.O.B	
Gender:	Parent/Adul	Parent/Adult Email:					
Parents/Guardians Names	s (for youth registration)						
Address:	City		State:		ip:		
Home Phone:	Work Phone:		Cell Phone:				
Emergency Contact Name	9:		Phon	e:		 	
Is the child in custody of bo	oth parents? □Yes □	No <u>If no,</u> can the non-	-custodial parent p	ick up? □ Yes	□ No		
Please list others authorize	ed to pick up your child (othe	er than parents/guardian	s/emergency conta	act listed above):			
Do you need an accommo	odation due to a disability? I	No □ Yes □ (If m	arked Yes, you wi	II be contacted by s	taff)		
Special Considerations/Me	edical Conditions (list anythi	ng you would like us awa	are of):				
COMPLETE THIS SECTION							
T-shirt size (camps only): Y	outh: S M L Adul	t: S M L (Child mus	st be enrolled at lea	st one week prior to	start of cam	np to receive shirt.	
Will you be using before/a	after care? (where applicab	le) □ Before care □ A	fter care Drop C	Off Time:	Pick U	p Time:	
Swimming Ability (check	one): \square Shallow Water	☐ Deep Water					
Phone number and/or er	nail for our Remind App t	o inform you on some	camp items?				
☐ Check here if apply	ying for a camp or swim less	son scholarship. If applyi	ng, fees are not du	ue until your applica	ation has be	en processed.	
Program	n Name	Session#/Date(s)	Location	Start Time	Level	Fee/session	
1.							
2.							
3.							
4.							
5.							
6.							
amp Donation: Add \$1 or more to	your total fee to help provide assi	stance for those unable to aff	ord the program fees f	or Youth Day Camps. \$			
wim Donation: Add \$1 or more to	your total fee to help provide assis	stance for those unable to affo	ord the program fees fo				
ake checks payable to: City of	f Janesville (unless otherwise	noted).		TO ⁻	IAL DUE \$		
heck NoMC/Vis				te			