Drop off: Leisure Services 18 N. Jackson St. Janesville WI 53548

Registration Form *

Mail: Leisure Services P.O. Box 5005 Janesville WI 53547-5005

Please print and use this form for all Janesville Leisure Services activities. Please use a separate form for each participant.

Participant Name:	Nickname:				D.O.B	
Male Female Grade entering this fa	ıll: Name of	Name of School:				
Parents/Guardians Names (for youth registration)_						
Address:	,					
Home Phone: W	/ork Phone:	ell Phone:				
E-Mail (optional) (We will add you to the Active Net mailing list for on-line registration and new program or family events information)						
Emergency Contact Name:	Phone:					
Is the child in custody of both parents? \square Yes \square No $\underline{\text{If no}}$, can the non-custodial parent pick up? \square Yes \square No						
T-shirt size (camps only): Child: S M L Adult: S M L (Child must be enrolled at least one week prior to start of camp to receive a t-shirt.) KCC ½ Day Only: Bus Service? □ Yes □ No If Yes, Bus Stop Location: □ Harrison □ Kennedy □ Lincoln □ Monroe □ Van Buren Will you be using before/after care? (where applicable) □ Before care □ After care □ Both						
Swimming Ability (where applicable): Doctor: Phone:						
Medical conditions:						
Check here if applying for a camp scholarship. If applying, camp fees are not due until your application has been processed. Scholarship applications are available by calling 755-3030 or online at www.ci.janesville.wi.us.						
Activity/Class Name	Session Date (s)	Start Time	Location	Level	Cost/session	
1.						
2.						
3.						
Make checks payable to: Leisure Services (unless	to: Leisure Services (unless otherwise noted).					
Check No.: MC/Visa No.:		Expiration Date:				
PLEASE NOTE: Leisure Services occasionally takes pictures of program participants for advertising purposes. If you or your child should not be photographed, please check here: Do not publish photos of this program participant.						
Waiver for Participation						
In consideration of the CITY'S acceptance of my/our use of its preminior for whom I am signing for, and for my/our heirs, executors, a payments whatsoever that I may have against the CITY OF JANE and appointed officials, employees, representatives, agents, heirs or place sponsored by the CITY OF JANESVILLE or other organizall activities, including arrival and departure from CITY, public or pemployees, representatives, agents, and their executors, adminis	assigns and administrators waive ESVILLE, a Wisconsin municipal and assigns, jointly and severally, zations or persons utilizing CITY (private property. I/we agree to h	and release any and al corporation located in the from and suffered by m DF JANESVILLE proper pold harmless the CITY	I rights, claims and cau ne County of Rock, an ne and/or the minor (if ties or equipment. Th OF JANESVILLE, and	uses of action for deach and even any) named he is waiver and red deach and even	or damages, injuries, and ery of the CITY'S elected erein at any activity, event, elease applies to any and ery of its elected officials,	
such participation once I have entered upon the CITY'S property, or the activity or event. I am assuming any and all responsibility for any and all injuries, damages, risks and claims. By signing below I acknowledge reading the above waiver statement. (Check one) Parent Guardian Adult Participant:						
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gnature:Date:						