

PROGRAM REGISTRATION FORM

CITY OF JUNEAU PARKS AND RECREATION DEPARTMENT

500 Lincoln Drive | Juneau, WI 53039 | 920-386-4812 | jcaltagerone@cityofjuneauwi.gov



Parent/guardian full name(s): _____

Primary home address: _____

Secondary home address (if applicable): _____

Please check one: City of Juneau Resident Non-resident

Home phone: _____

Cell phone: _____ Alternate cell phone: _____

Work phone: _____ Company name: _____

Email (required to create household account): _____

<input type="checkbox"/> I have read and agree to the CDC Heads Up Concussion Information Sheet	Youth Sizes: YS-YL Adult Sizes: AS-AXL if a size is needed that is not listed above, please contact staff to inquire. No guarantee of availability above/beyond the sizes listed above.
<input type="checkbox"/> I have completed the Waiver of Liability on reverse page.	
PARTICIPANT #1 Full name: _____	PARTICIPANT #2 Full name: _____
Date of birth (MM/DD/YY, required): _____	Date of birth (MM/DD/YY, required): _____
Grade (if applicable): _____	Grade (if applicable): _____
Gender (check one): <input type="checkbox"/> Female <input type="checkbox"/> Male T-shirt size (if applicable, see above): _____	Gender (check one): <input type="checkbox"/> Female <input type="checkbox"/> Male T-shirt size (if applicable, see above): _____
Food/material allergies? (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____	Food/material allergies? (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____
Special assistance needed? (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____	Special assistance needed? (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____
Program name: _____ Offering: _____ Fee: _____	Program name: _____ Offering: _____ Fee: _____
Program name: _____ Offering: _____ Fee: _____	Program name: _____ Offering: _____ Fee: _____
Program name: _____ Offering: _____ Fee: _____	Program name: _____ Offering: _____ Fee: _____
Program name: _____ Offering: _____ Fee: _____	Program name: _____ Offering: _____ Fee: _____
Program name: _____ Offering: _____ Fee: _____	Program name: _____ Offering: _____ Fee: _____
Program name: _____ Offering: _____ Fee: _____	Program name: _____ Offering: _____ Fee: _____
Program name: _____ Offering: _____ Fee: _____	Program name: _____ Offering: _____ Fee: _____
Program name: _____ Offering: _____ Fee: _____	Program name: _____ Offering: _____ Fee: _____
FEE SUBTOTAL FOR PARTICIPANT #1: _____	FEE SUBTOTAL FOR PARTICIPANT #2: _____
Total fees for participants 1-2: \$ _____	
TOTAL AMOUNT ENCLOSED: \$ _____	

FORM OF PAYMENT (can use more than one)

Cash \$: _____ Check \$: _____ (Check #: _____) Checks are to be written out to 'City of Juneau' and must accompany the registration form.

Debit/Credit Card (circle one): AMERICAN EXPRESS MASTERCARD VISA

Name as it appears on card (please print): _____

Card #: _____ - _____ - _____ - _____ Expiration Date (MM/YY): ____ / ____

Card Security Code (3 digit # on back of card): _____

Cardholder's signature: _____ Date: _____



General Recreation Participant

LIABILITY WAIVER AND INDEMNIFICATION AGREEMENT

I fully release and discharge the City of Juneau and its officers, agents and employees from any and all claims or damages, including claims and damages arising from injuries, death, or property damage, which may arise out of, or occur in connection with, my use of the Juneau Community Center or my participation in any of the Juneau Parks and Recreation Department’s on-site or off- site programs, except for those resulting from the recklessness or willful misconduct of the City of Juneau or its officers, agents and employees.

I further agree to indemnify and hold harmless the City of Juneau and its officers, agents and employees from any and all claims or damages and costs or expenses incurred by the City of Juneau or its officers, agents and employees, which result from or relate to my use of the Juneau Community Center or my participation in any of the Juneau Parks and Recreation Department’s on-site or off- site programs, except for those resulting from the recklessness or willful misconduct of the City of Juneau or its officers, agents and employees..

My signature below indicates that I have read, understood, and agree to the conditions of this agreement.

SIGNATURE: _____

DATE: _____

ENDORSEMENT OF PARENT OR GUARDIAN: If the above-described individual is under the age of Eighteen (18) years of age, I am the parent or guardian of the above-described minor. I have read this instrument fully and agree to its provisions, including, but not limited to, and understanding of the risks associated with the participation in recreational activities, the agreement to the release of liability and waiver of claims, the agreement to indemnify, the truthfulness of the warranties and representations, and the voluntary decision to sign this instrument regardless. I give permission for the above-referenced minor to participate in recreational activities and agree, for myself, my spouse and/or domestic partner, heirs, next of kin, personal representative, agents, or assigns to be bound to the terms of this instrument.

Date: _____

Printed Name: _____

Signature: _____

Relationship to Minor: _____

PHOTO RELEASE

For program promotion purposes we photograph many of our activities and their participants. Photographs are used in various fliers, brochures, websites, and social media. If you do not wish to have your or your child’s photo taken, please notify the Juneau Parks and Recreation Department when registering.