

REGISTRATION FORM



Online registration is available at fallsrec.org

HEAD OF HOUSEHOLD

Last / First Name _____ Birthdate (Month/Date/Year) _____ Gender (M or F) _____

Address _____ City _____ Zip _____

Home Phone (_____) _____ Work Phone (_____) _____ Email address _____
Must be included to receive a receipt

Cell Phone (_____) _____ Cell Phone Carrier* _____

Which school district boundary do you live in? Menomonee Falls Hamilton (Sussex) Other

*By providing your carrier, you agree to receive text messages from MF CE & Rec.

EMERGENCY CONTACT

Your emergency contact should NOT be a contact within the same household, but rather an alternate contact in the local area. The emergency contact is only contacted if we cannot reach the primary household contact (e.g. parent/guardian) already on file.

Name _____ Relationship _____ Home Phone _____ Other Phone _____

PARTICIPANT INFORMATION

Participant First & Last Name	M/F	Birthdate	Attend SDMF Schools	T-Shirt Size (mandatory)	Activity Name	Class #	Date, Day & Time of Class	Fee
			[] Yes [] No	Youth: S M L Adult: S M L XL				
			[] Yes [] No	Youth: S M L Adult: S M L XL				
			[] Yes [] No	Youth: S M L Adult: S M L XL				
			[] Yes [] No	Youth: S M L Adult: S M L XL				

PAYMENT

Make checks payable to: MF CE & Rec, mail to W152 N8645 Margaret Rd., Menomonee Falls, WI 53051 or fax to (262) 255-8411

Cardholder Name: _____ Number: _____

Exp. _____ VCode _____ Cardholder Signature _____

Total Fee	
Credit	
Total Due	

ADULT SIGNATURE REQUIRED! I hereby understand that I or my child has registered to participate in a program sponsored by the Menomonee Falls Community Education & Recreation Dept. I understand that participating in this activity has some inherent risk and I assume full responsibility for injuries incurred while participating in this program. I understand that photos may be taken of myself or my child and used for promotional purposes. **Please notify your instructor if the participant has any special medical conditions or needs.**

Adult Signature **X** _____ Date _____