

# CITY OF ELKHORN PARKS & RECREATION REGISTRATION FORM

- Resident  
 Non Resident

Self or Adult Contact: \_\_\_\_\_  
 (if registering children) *Last Name* *First Name*  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Program Name	Session	Fee	Registrant's Name (First/Last)	Sex M/F	Age	Birth Date	Grade	T-Shirt Size (if applicable)

**YES, I would like to be a volunteer coach. Name:** \_\_\_\_\_ **Program:** \_\_\_\_\_

### Pool Memberships

1. \_\_\_\_\_ DOB: \_\_\_\_\_ Fee: \_\_\_\_\_  
 2. \_\_\_\_\_ DOB: \_\_\_\_\_ Fee: \_\_\_\_\_  
 3. \_\_\_\_\_ DOB: \_\_\_\_\_ Fee: \_\_\_\_\_  
 4. \_\_\_\_\_ DOB: \_\_\_\_\_ Fee: \_\_\_\_\_

**Method of Payment:** Cash \_\_\_\_\_ **Check #** \_\_\_\_\_ **Total Fees:** \_\_\_\_\_

The undersigned, on my behalf, or in my capacity as parent/guardian of the individual's named above, understand that participation in City of Elkhorn (hereinafter "City") sponsored parks and recreation programs involves an element of risk or damage for all participants and may cause serious injury, death, or property loss. I understand that such risk may be inherent to the activity, or may arise out of a negligent act or omission by the City or a third party. I, on my own behalf, or in my capacity as parent/guardian of the individual (s) named above, and on behalf of my heirs, executors, administrators or assigns do hereby agree to indemnify and hold harmless the City and its employees, officers and agents from and against any and all liability. I further understand that in signing this waiver of liability, I am waiving any and all rights, claims, or causes for damage that I, or my children may acquire against the City.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Registration!** All Programs are subject to cancellation if minimum enrollment is not met. Register early to be sure your favorite activity is not cancelled.

**1.** Mail completed form and payment (**checks made payable to The City of Elkhorn**) to: Elkhorn Parks & Recreation Department, P.O.Box 920, Elkhorn, WI 53121

**2.** Drop into our office during the following business hours:  
 Monday-Friday.... 8:00 a.m.-4:30 p.m.  
 Or on-line at [www.cityofelkhorn.org](http://www.cityofelkhorn.org).