

# MILWAUKEE RECREATION CLASS/ACTIVITY REGISTRATION FORM

RECEIPT # (OFFICE USE ONLY)

MAIN CONTACT LAST NAME FIRST NAME MIDDLE INITIAL DATE OF BIRTH Month/Day/Year  
 ADDRESS (NO PO BOX #s, PLEASE) APT. # CITY ZIP CODE  
 PHONE ( ) E-MAIL CHECK BOX IF ADDRESS IS NEW

CASH  MONEY ORDER  CREDIT CARD # \_\_\_\_\_ EXP. DATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
 CHECK (# \_\_\_\_\_) CARDHOLDER NAME \_\_\_\_\_ SECURITY CODE: \_\_\_\_\_  
 CHECKS PAYABLE TO MILWAUKEE RECREATION PHONE NUMBER (\_\_\_\_\_) SIGNATURE: \_\_\_\_\_

**NEW! DEMOGRAPHIC INFORMATION (MAIN CONTACT)**

1. Which race or ethnicity best describes you?  
 Hispanic/Latino (1) \_\_\_\_\_ Native Hawaiian or other Pacific Islander (5) \_\_\_\_\_  
 American Indian or Alaska Native (2) \_\_\_\_\_ White (6) \_\_\_\_\_  
 Asian (3) \_\_\_\_\_ Two or more races (7) \_\_\_\_\_  
 Black or African American (4) \_\_\_\_\_ Prefer not to answer (8) \_\_\_\_\_

2. Which of the following most accurately describes you?  
 Male (M) \_\_\_\_\_ Non-binary (N) \_\_\_\_\_  
 Female (F) \_\_\_\_\_ Prefer not to answer (P) \_\_\_\_\_  
 Transgender (T) \_\_\_\_\_

For each participant please record the corresponding letter and number in the "DEMO" column in the table below.

Activity Code	Section Code	Activity Name	Day	Time	Fee	First/Last Name	DEMO	DOB (Month/Day/Year)

Please sign this form at left, enclose total payment, and mail to **Milwaukee Recreation PO Box 2181 Milwaukee, WI, 53201** or fax to 414.475.8183 before the advertised registration deadlines.

I hereby certify that I have read and do understand the above information:

TOTAL FEES \$ \_\_\_\_\_  
 REDUCED ACTIVITY FEE \$ \_\_\_\_\_  
 SCHOOL NAME: \_\_\_\_\_  
 Please check this box if you wish to donate \$1 to the Youth Program Fund.  \$1 DONATION?  
 TOTAL PAYMENT DUE \$ \_\_\_\_\_

**REDUCED ACTIVITY FEE (17 YEARS & UNDER)**  
 Families meeting financial guidelines may qualify for an activity discount. Children's classes over \$10 are eligible for a \$5 discount. Children's classes \$30 and over are eligible for a \$10 discount. Most field trips, special events, and admission fees are not eligible and are so noted in the class description. Schoolage youth whose family qualifies for one or more of the following program subsidies are eligible for the youth discount (where applicable): FoodShare/SNAP (Supplemental Nutrition Assistance Program), Wisconsin Shares Childcare Subsidies, and Foster Care. The MPS student database will be used to verify participant eligibility. Non-MPS students must provide eligibility documentation with registration. Our full policy can be found online at [www.mkercc.net/reduced](http://www.mkercc.net/reduced).

CHECK THIS BOX IF YOU ARE REQUESTING THE REDUCED ACTIVITY FEE FOR YOUR CHILD

**PERMISSION:** I hereby grant permission for my child/myself to participate in the above-named Milwaukee Recreation event. In the event of any injury requiring medical attention, I hereby grant permission to the recreation staff (including volunteers) to attend to my son/daughter or myself including seeking medical attention.

**WAIVER:** I/we recognize that unanticipated situations and problems can arise during Recreation activities that are not reasonably within the control of the recreation staff (including volunteers). I/we therefore agree to release and hold harmless the Milwaukee Board of School Directors, its agents, officer, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to myself or my child and the costs of medical services.

**PHOTO PERMISSION/RELEASE:** I understand that there are times when the local news media, national news media and/or nonprofit organizations partnering with Milwaukee Public Schools (MPS) request the opportunity to videotape, take photographs and/or interview participants within Milwaukee Recreation and MPS. By signing this, I understand that and give permission for MPS to allow this with respect to my child and/or myself. I also understand that by signing this release I give permission to MPS to make or use pictures, slides, digital images, or other reproductions of me, of my minor child or of materials owned by me or my child, and to put the finished pictures, slides, or images to use without compensation in broadcast productions, publications, on the Web, or other printed or electronic materials related to the role and function of the MPS. I understand that by signing this, I am, on behalf of myself and/or my child, releasing MPS and its directors, officers, employees and agents, from any future claims as well as from any liability arising from the use of any photograph or other images. This form shall be valid for the duration of the current Milwaukee Recreation program season.

**X** Signature required for all registrations