



Milwaukee Recreation Twilight High School Soccer League Registration Form

Agency Name: _____

Photo ID # (Players ONLY): _____

PLEASE PRINT

Participant FIRST Name _____ Participant LAST Name _____ Middle Initial _____

Home Street Address _____ City _____ State _____ Zip _____

Phone # _____ Email _____

Date of Birth ____ / ____ / ____ Age _____ Gender: Male Female Other

Last school attended _____ Current Grade _____
(Please write in name of school)

Ethnicity: Please check one

Native American Hispanic American

African American Caucasian American

Asian American Pacific Islander

Other _____

PARENT / GUARDIAN INFORMATION:

Parent / Guardian FIRST Name _____ LAST Name _____

Day Phone # _____ Evening Phone # _____ Other Phone # _____

IN CASE OF EMERGENCY, PLEASE CONTACT:

1. FIRST Name _____ LAST Name _____ Phone / Pager # _____

2. FIRST Name _____ LAST Name _____ Phone / Pager # _____

Please list any medical conditions / reasons that would inhibit the participant from taking part in certain physical activities: _____

PARENT / GUARDIAN PERMISSION * * * PLEASE READ CAREFULLY

PERMISSION: I hereby grant permission for my child/myself to participate in the above-named MPS 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, officers, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest, and expenses (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 RELEASE:** I understand, as parent/legal guardian of the above-named child, that there are times when the local news media, national news media, and/or nonprofit organizations partnering with Milwaukee Public Schools request the opportunity to videotape, take photographs, and/or interview children within Milwaukee Recreation and Milwaukee Public Schools. By signing this, I understand that and give permission for MPS to allow this with respect to my child. I also understand that by signing this release, I give permission to the Milwaukee Public Schools to make or use pictures, slides, digital images, or other reproductions of me, of my minor, 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 Milwaukee Public Schools. I understand that by signing this, I am, on behalf of myself and 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.

Twilight Centers with swimming pools provide open swim opportunities that are staffed with certified lifeguards.

I HEREBY CERTIFY THAT I HAVE READ AND DO UNDERSTAND THE ABOVE INFORMATION:

Parent / Guardian Name (Please Print) _____ Date _____

Parent / Guardian Signature _____
