



PROGRAM REGISTRATION FORM

Mail: Parks & Recreation, 915 Menomonie St, Eau Claire, WI 54703
 Fax: (715) 839-1685
 Register Online: eauclaire.maxgalaxy.net

Check the TWO boxes below that apply to your family:			
<input type="checkbox"/> City Resident	<input type="checkbox"/> Eau Claire Area School District Resident	<input type="checkbox"/> Non City Resident	<input type="checkbox"/> Non Eau Claire Area School District Resident

Registering Adult, Parent or Guardian (Please print clearly and fill out all information completely)

First and Last Name (parent/guardian): _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address(s): _____

Emergency name and phone number for participant: _____

If participating in a youth league, I have read and understand the online Concussion Agreement Form? Yes No
 (If check **No**, you will not be able to participate). Concussion information can be found online at: www.eauclairewi.gov/concussion

Are you interested in coaching your child's team? Yes No If yes, Head Coach Assistant Coach **Adult's Name:** _____

Does participant need an accommodation due to a disability? Yes No (If marked **Yes**, please contact Recreation Office at 715-839-5032).

How did you hear about us? Prime Times Social Media Website/Web Search Other _____

Fill in program information for each participant. (More than one participant can be listed – use two registration forms if necessary)

Activity # 1 st Choice	Activity # 2 nd Choice	Activity Name	Participant's Name	DOB	M/F	ECASD Student ID#	School Attending (Fall '19)	Grade	Activity Fee
<i>EX: SAQL1-101SM</i>	<i>SAQL1-102SM</i>	<i>Level 1 Swim</i>	<i>Sarah Smith</i>	<i>9/14/11</i>	<i>F</i>		<i>Manz</i>	<i>3</i>	<i>\$7</i>
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I understand participation in Parks and Recreation Programs involves an element of risk or danger for all participants and may cause serious injury, death, or property loss. I agree to assume these risks for my family and release the City of Eau Claire, its employees, and other participants from any liability for injuries and damages sustained while participating in these programs.

Participant or Parent/Guardian Signature: _____ Date: _____

Payment Information (Make checks payable to: ECPR)

I would like to donate to the youth Fairfax pool pass fund or youth recreation scholarship fund: \$ _____ **TOTAL ACTIVITIES/DONATIONS \$** _____

Cash Check # _____ Money Order American Express Discover Master Card Visa

Cardholder Name: _____ Card #: _____ Expiration Date: _____ (MM/YY) Billing Zip Code: _____

Cardholder Signature: _____

NOTE: Credit card information is shredded after registration is complete.

CONFIRMATION RECEIPTS WILL BE SENT VIA EMAIL TO EMAIL ADDRESS YOU LISTED ABOVE. PLEASE REVIEW ALL CONFIRMATION NOTES.