Registration Form

MAIL to:
New Berlin Recreation Department
P.O. Box 510921 • New Berlin, WI 53151
Phone (262) 797-2443

New Berlin Recreation Department Registration Form
Family members from the same household may complete one form

LAST NAME _____ PRIMARY PHONE _____

ADDRESS _____ CELL PHONE _____

CITY _____ ZIP _____

*E-MAIL ADDRESS _____
(required for registration)

We will not share your e-mail with any other group or organization

You will be placed on a waiting list if your choices are filled

Participant's First Name	Class #	Program Title	Fee	Gender	Age	Grade	*Birth Date

Waiver: In consideration of my [and/or my child(s)] participation in this activity, I hereby release and discharge the City of New Berlin, and its representatives, successors, insurers, and assigns, from any and all liability arising from accident, injury, and illness that I (he/she) may suffer as a result of my (our) participation in this activity. I (we) also will follow the rules and regulations set by the Organization and above named parties. Parent or guardian must sign for anyone age 18 and under.

Recreation Programs Waiver

I, on behalf of myself as an adult participant, or guardian of the above named minor child or ward, acknowledge that I fully understand that participating in the City of New Berlin Recreation Program may result in a serious injury or illness. Risks involved may include, twisting an ankle, pulled muscles, jammed fingers, broken bones, lacerations and more serious injuries or death which may result from participating in any of the above mentioned programs. Although I fully appreciate those risks, I desire to participate myself or have my child or legal ward participate. I do hereby waive, release, absolve, indemnify, and agree to hold harmless the City of New Berlin, any and all sponsors, or other individuals, firm or organization from any claims, demands, actions, causes of action, fees, expenses including actual attorney fees incurred by the parties released arising from or resulting in whole, or part, from my participation or the participation of my minor child or ward in the City of New Berlin Recreation Program, or the acts or omissions by any organization, firm, or individuals that may take place in connection with the City of New Berlin Recreation Program. This waiver shall be binding on my heirs, personal representatives, agents, administrators and assigns.

I also grant permission to managing personnel or other representatives to authorize and obtain medical care from any licensed physician, hospital, or medical clinic should a participant become ill or injured while participating in activities away from home, or at any other moment when a parent or legal guardian is unavailable to grant authorization for emergency treatment. Furthermore, I hereby grant full permission to any and all of the forgoing to use any photographs, video tapes, motion pictures, recordings, or any other records of this event for any legitimate purpose including but not limited to the promotion of City of New Berlin Recreation Department events.

Total Program Fees: $ _____

Total Non-Resident Fees: $ _____

Round up Donation Program: $ _____
(See page 43 for further information)

Total Amount: $ _____

Enclose one check for the total amount payable to:
City of New Berlin

Does the registrant(s) need assistance or accommodations to participate in any programs?

_____

_____

_____

✗ Signature _____ Date _____
(required)

City of New Berlin
city living with a touch of country