



PROGRAM REGISTRATION FORM

FAMILY LAST NAME _____ PARENT/GUARDIAN _____

STREET _____ CITY _____ ZIP _____

HOME/CELL # _____ WORK # _____ EMERGENCY # _____

EMAIL ADDRESS _____

**Receipts: If you would like a copy of your receipt, please include your Email address or a self-addressed, stamped envelope.*

RESIDENCY (PLEASE CIRCLE) FOX CROSSING CITY OF MENASHA* NON-RESIDENT

**City of Menasha residents qualify for Fox Crossing resident fees under a reciprocity agreement between the City and the Village.*

PARTICIPANT FIRST NAME	BIRTHDATE	T-SHIRT SIZE	CLASS NAME	CLASS #	FEE

NOTE: Please inform us of any special concerns regarding you or your child prior to the start of the program. Below, list the participant's name and any conditions, including allergies, which will assist our staff in planning the activity/event, as well as what medical personnel must know in order to render emergency treatment.

TOTAL FEES \$ _____

ROUND UP FOR RECREATION \$ _____

TOTAL AMOUNT \$ _____



T-SHIRTS: The following programs receive a t-shirt. If you are signing up for one of these programs, please indicate the requested t-shirt size above.

Little Hitters Filthy Fun Run
Kiddie Camp Discovery Camp Afternoon Adventurers



"ROUND UP FOR RECREATION"

Rounding up your program fee helps provide financial assistance to those unable to afford the program fee for youth activities. This is an optional program.



PHOTO RELEASE: I authorize Fox Crossing Parks and Recreation Staff to photograph me and/or my child and to use the photos to promote the programs and services in printed materials or on the web without further notice to me. Names will not be published. If you do not authorize this, please contact the Parks & Recreation Department directly to inform them of your preference.

LIABILITY INFORMATION: You should be aware that Parks & Recreation programs involve an element of risk or danger for all participants and may cause serious injury, death or property loss. The Fox Crossing Parks Recreation Department does not provide or cover any medical or hospital insurance for participants in our programs. All persons participating in Fox Crossing Parks & Recreation Department sponsored activities must provide their own insurance and assume risk for all injuries.

I have read and understand the liability and photo release information listed above.

ADULT/GUARDIAN SIGNATURE _____ DATE _____



Online - Register online via your mobile device or desktop, 24 hours a day, 7 days a week! If a class is full, please sign up to be put on the wait list. Online registration accepts Visa, MasterCard, American Express, or Discover.



Mail-In - Mail your completed registration form and payment (with checks payable to Fox Crossing) to the Parks and Recreation Office.



Walk-In/Drop Off - Drop off your completed registration form and payment to the Parks and Recreation Office or overnight drop box (located outside of the Municipal Complex main entrance).