



PROGRAM REGISTRATION FORM

Mail to: Parks & Recreation, 915 Menomonie St, Eau Claire, WI 54703
 Fax to: (715) 839-1685
 Register anytime on-line at: <http://eauclaire.maxgalaxy.net>

Check the box that applies to your family:
 City of Eau Claire Resident Non City of Eau Claire Resident

Registering Adult, Parent or Guardian (please print and fill out completely)

First & Last Name (parent/guardian) _____ Apt. # _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____ Work Phone _____
 Email Address _____
 Emergency Name & Phone _____

If participating in a youth league, I have read and understand the Concussion Agreement Form online? 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 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 may be listed)

Activity # 1 st Choice	Activity # 2 nd Choice	Activity Name	Participant's Name	DOB	MIF	School Attending (fall '18)	Grade	Activity Fee
EX: FAQL1-101SM	FAQL1-102SM	Level 1 Swim	Sarah Smith	9/14/09	F	Manz	3	\$41
								\$
								\$
								\$
								\$
								\$
								\$

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.

Sub-Total: \$ _____

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/Donation \$** _____

Cash Check # _____ Money Order American Express Discover MasterCard 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.