



TOWN OF MUKWONAGO RECREATION DEPARTMENT REGISTRATION FORM

Please return to:
Town of Mukwonago Recreation Department
W320 S8315 Beulah Road
Mukwonago, WI 53149
--- NO FAXED REGISTRATIONS ---
--- CREDIT CARD PAYMENTS ONLINE ONLY ---

Receipt will be sent
ONLY if you provide
a self addressed
stamped envelope

PLEASE USE ONLY BLACK OR BLUE INK

Last Name

Address

City, State, Zip

Home Phone

Email Address

Mother's Name & Cell Phone #

Father's Name & Cell Phone #

Mom Work Phone # / Dad Work Phone #

Emergency Contact Name & Phone #

Allergies/Special Needs

Check One: Resident (*pays taxes to "TOWN"*) **OR** Non Resident **Check if interested:** Willing to Coach

OPTIONS for Youth Sport Shirt Sizes are as Follows: YOUTH SIZE = YM (10-12), YL (14-16), ADULT SIZE = AS AM AL AXL

Activity #	Activity Name	Participant Name	Sex	↑Shirt↑ Size <small>(see above)</small>	Grade <small>(youth only)</small>	School Attending	Date of Birth <small>(youth only)</small>	FEE
Checks payable to: Town of Mukwonago							Late Fee (\$12.00) per participant	
TOTAL								\$

FRIEND REQUEST

ONLY ONE FRIEND NAME request per participant. Friends **MUST** request Each other and registration **MUST** be received together **PRIOR** to the Registration deadline to be considered. See Registration Information page.

Friends Name is: (only one) _____
(multiple name requests will not be reviewed)

PAYMENT MUST BE INCLUDED

LATE FEES

Registrations received after 3:30pm on the deadline date are considered late. A non-refundable late fee of \$12 per participant, per activity will be assessed. Please make sure to add this to your registration fee. The Recreation Director will determine acceptance of the late registration.

I am aware of and understand that there may be potential risks inherent with participation in any recreation activity, and that the Town of Mukwonago and the Town of Mukwonago Recreation Department are not liable for any injury that may occur. The Town of Mukwonago and the Town of Mukwonago Recreation Department do not provide accident insurance and cannot assume responsibility for injury to any participants in its recreation programs. I give my permission to the Tow of Mukwonago recreation Department to take action (call emergency vehicles, transport to doctor/hospital) for myself or my child if immediate medical attention is required due to accident or illness while under his/her/their supervision.

SIGNATURE: Adult Participant OR Parent/Guardian Signature (if participant under 18 years of age): _____

Date: _____

OFFICE USE ONLY

Date Received _____ Check # _____ Cash _____ Online GovPay _____
 Mail Drop-off Drop-box Emailed Online GovPay
 Rec'd w/friend registration Receipt Mailed Given Initials _____