

# WINTER REGISTRATION FORM-ONE HOUSEHOLD PER FORM

**ONLINE** Registration <https://oshkoshrecdept.cr3.rschoolday.com> or drop off/mail this form to  
 Oshkosh Recreation Department 425 Division Street, Oshkosh WI 54901  
 Email: [recdept@oshkosh.k12.wi.us](mailto:recdept@oshkosh.k12.wi.us) or Fax (920) 424-7519

**ADULT PARTICIPANT OR**

**PARENT(S)/GUARDIAN(S) NAME:** \_\_\_\_\_  
PLEASE PRINT - LAST FIRST

**ADDRESS:** \_\_\_\_\_  
STREET CITY STATE ZIP CODE

**PHONE:** \_\_\_\_\_  
HOME WORK NUMBER/ASK FOR CELL/EMERGENCY NUMBER (Circle One)

**E-MAIL ADDRESS (Confirmations will be e-mailed if furnished):** \_\_\_\_\_

**Do you live within the Oshkosh Area School District?**    **Yes** \_\_\_ **No** \_\_\_    **School Attending** \_\_\_\_\_

**RELEASE OF LIABILITY**

In exchange of your accepting my or my child's entry, I hereby for myself, my child, my heirs, executors, administrators and assigns, release any and all rights and claims for damages I or my child may have against the OSHKOSH AREA SCHOOL DISTRICT (Hereinafter referred to as "OASD") AND the OSHKOSH RECREATION DEPT. (Hereinafter referred to as "ORD"), it's employees, successors and assigns, for any and all injuries suffered by myself or my child at any activity sponsored by the ORD due to negligent acts or omissions. I further agree to follow all rules and regulations established by the ORD and that I or my child may be dropped from any roster at anytime if my or my child's conduct so warrants it as determined by the OASD/ORD. For ORD program promotion purposes, photographs, videotaping, and interviews may be conducted by the media or other entities. I agree to allow the release of any photographs, videotaping, or interviews in print or electronic form of or by myself or my child at an Oshkosh Recreation Department sponsored activity. This release is the entire agreement between the undersigned and the OASD/ORD and the terms of this release create a contract.

I have read and understand the release stated above and freely agree to the terms. I have had sufficient time to carefully consider the terms of this contract.

**Participant/Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Participants First/Last Name	Sex	Age	Birthdate	Current Grade '19	Program Name	1st Choice Class Code	2nd Choice Class Code	3rd Choice Class Code

**\*For additional class offerings please attach separate sheet.**  
**Swim Lesson Notes (i.e. Lessons taken elsewhere and level completed)** \_\_\_\_\_

**Special Information (i.e.: medical, physical, allergies)** \_\_\_\_\_

<b>For Office Use Only/ By:</b> _____ Res _____ F/R _____ N/R _____ Total Youth Classes Enrolled _____ Youth Fee: _____ Adult Fee: _____ Total Fee: _____ Cash: _____ Check#: _____ CC _____	<b>For Office Use Only/ By:</b> _____ Res _____ F/R _____ N/R _____ Total Youth Classes Enrolled _____ Youth Fee: _____ Adult Fee: _____ Total Fee: _____ Cash: _____ Check#: _____ CC _____	<b>For Office Use Only/ By:</b> _____ Res _____ F/R _____ N/R _____ Total Youth Classes Enrolled _____ Youth Fee: _____ Adult Fee: _____ Total Fee: _____ Cash: _____ Check#: _____ CC _____
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