SUMMER REGISTRATION FORM-ONE HOUSEHOLD PER FORM

Drop off/Mail to: Oshkosh Recreation Department 425 Division Street, Oshkosh WI 54901
Email: recdept@oshkosh.k12.wi.us, Fax: (920) 424-7519, Online: https://oshkoshrecdept.cr3.rschooltoday.com

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	Grade Fall '20	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)_____
_____

For Office Use Only/ By:_____
Res_____ F/R_____ N/R_____
Total Youth Classes Enrolled_____
Youth Fee:_____ Adult Fee:____
Total Fee:_____
Cash:_____ Check#:_____ CC_____

For Office Use Only/ By:_____
Res_____ F/R_____ N/R_____
Total Youth Classes Enrolled_____
Youth Fee:_____ Adult Fee:_____
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