

St. Francis School District
St. Francis Recreation Department
3680 South Kinnickinnic Avenue
St. Francis, WI 53235
Phone: 414-482-8484
Fax: 414-482-8406

Last Name: _____ First Name: _____

Street Address: _____

City/State/Zip: _____

Grade: _____ Age: _____

Primary Phone Number : (____) ____ - ____ Secondary Phone Number: (____) ____ - ____

Email Address: _____

Emergency Contact: _____ Relationship: _____

Home Phone :(____) ____ - ____ Work Phone :(____) ____ - ____ Cell Phone :(____) ____ - ____

Physician: _____ Phone :(____) ____ - ____

Medical Information (allergies, medications, other) _____

Class/Activity: _____ Day/Time: _____

I need reasonable modification due to disability to enjoy this program. Yes No

Explain: _____

Fee Resident: _____ Fee Non-Resident: _____ Cash Check # _____

Please make checks payable to St. Francis Recreation Department

Residency Verified/Received by: _____ Date: __/__/____

MUST READ AND SIGN BEFORE REGISTERING
LIABILITY AND PHOTO PERMISSION STATEMENT

All adult participants must sign below.

The signature of a parent or legal guardian is required for youth registrations.

In consideration of accepting this registration, I recognize that there are risks inherent to participation in recreational activities. I agree to indemnify and hold harmless the St. Francis School District, St. Francis Recreation Department, it's staff, employees and volunteers from and against any and all liability for bodily injury and/or property damage which may result from participation in the program. I hereby fully consent to emergency medical treatment, should emergency personnel or a physician deem such attention necessary. I understand that NO ACCIDENT INSURANCE IS PROVIDED by the St. Francis School District.

I further understand that photographs taken of recreation programs may be used by the Recreation Department for promoting their programs, classes or events and agree to such publication.

Signature: _____ Date: _____