



# REGISTRATION FORM



**HARTFORD PARKS & RECREATION DEPARTMENT**  
 125 N. Rural Street, Hartford, WI 53027 (262) 670-3730  
 Fax (262) 673-8303

Family Last Name \_\_\_\_\_  
 Family E-mail \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_  
 (Name & Number) \_\_\_\_\_ (Name & Number) \_\_\_\_\_

Participant's Name	Sex	D.O.B.	Age	Grade	Program	Location	Day(s)	Date(s)	Time	Fee
	/	/	/	/						
	/	/	/	/						
	/	/	/	/						
	/	/	/	/						
	/	/	/	/						

**LIABILITY WAIVER:** All participants are required to sign the following release. Parents or guardians must sign for minors. I, the undersigned, do hereby agree, or agree for the above named registrant for whom I am the parent or guardian, to participate in the activity indicated am aware of and understand that there may be risks and hazards inherent with participants in this activity. I affirm that I, or the minor registered for this activity, am doing so as a voluntary participant. In consideration of my participation or participation of the minor I do hereby agree to release, waive, absolve, indemnify on behalf of myself or minor, my/his/her family, my/his/her heirs and my/his/her assigns the City of Hartford, its employees, officers, agents and sponsors from liability for injury, death or loss suffered by me or the minor in any and all present and future claims, liabilities, damages or right of action directly or indirectly resulting out of participation in the activity, using the facilities, or engaging in any activities incidental thereto during the duration of the scheduled program, which result from the ordinary negligence for the City of Hartford, its employees, officers, agents and sponsors. The City of Hartford does not provide accident insurance to participants in recreational activities and I assume full responsibility for any and all injuries or damages which may occur to me while participating.

**MEDICAL EMERGENCY RELEASE WAIVER FOR MINORS:** In the event of a medical emergency, I authorize the Parks and Recreation Department Staff to obtain medical treatment for my son/daughter or minor for which I am guardian.

**PHOTO RELEASE:** I agree to allow publication of any photos taken at any program, event or facility of the City of Hartford Parks and Recreation Department.

**MEDICAL INFORMATION:** If there are any medical conditions/allergies/disabilities the instructor/program supervisor should be aware of, the participant or parent of the participant should discuss this with the instructor/program supervisor the first time the program meets.

**PAYMENT METHOD**  
 Total Fee \$ \_\_\_\_\_  
 \_\_\_\_\_ Cash \_\_\_\_\_ (Check Payable to the City of Hartford)  
 \_\_\_\_\_ Mastercard \_\_\_\_\_ Visa  
 Card No. \_\_\_\_\_  
 Exp. Date (month & year) \_\_\_\_\_ / \_\_\_\_\_  
 V-Code (on back of card) \_\_\_\_\_  
**OFFICE USE**  
 Res/NR \_\_\_\_\_ Date Rec'd \_\_\_\_\_ By \_\_\_\_\_

X Signature \_\_\_\_\_ Date \_\_\_\_\_