



Big Foot Recreation District Registration Form

Adult Registrant or Parent/Guardian _____

E-Mail _____

Mailing Address _____ City _____ Zip _____

Please check preferred phone number:

Home _____ Work _____ Cell _____

Emergency Contact _____ Phone _____

(In case the parent/guardian cannot be reached)

PLEASE WRITE ONLY ONE NAME PER LINE

Registrant's First Name	Registrant's Last Name	Sex	Birthdate	Grade	T-shirt size	Program Name	Program #	Fee

INSURANCE LIABILITY WAIVER

Please read this form carefully and be aware that in registering yourself or your minor child/ward for participation in the Big Foot Recreation District program(s), you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of the program(s).

"I recognize and acknowledge that there are certain risks of physical injury to participants in programs and I agree to assume the full risk of any such injuries, damages or losses regardless of severity which I or my child/ward may sustain as a result of participating in any activities connected or associated with any such program."

"I agree to waive and relinquish all claims I or my child/ward may have as a result of participating in the program against the Big Foot Recreation District, the Big Foot Union High School District and its officers, agents, servants and employees."

"I do hereby fully release and discharge the Big Foot Recreation District, School District and its officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by me or by my child/ward and arising out of, connected with, or in any way associated with the activities of any of the program(s)."

"I have read and fully understand the above release and waiver form."

PHOTO POLICY.....Participants or their parents (if participant is under 18) permit the taking of photos, audio and videotapes during Recreation District activities for publication and use as the Recreation District deems necessary.

REFUNDS.....We make every effort to expand class size or add classes to accommodate the demand for our programs. If we do not have room in our programs for you, we will notify you and issue a full refund. All refunds, when requested by the participant prior to the start of the program, will be assessed a \$5.00 processing fee to help offset costs. Generally, there are no refunds once a program has begun or two weeks prior to a bus trip. Certain cases require exceptions and will be dealt with on an individual basis.

Special Requirements/Comments: _____

I have carefully read the insurance waiver and understand a signature is required of participant or parent/guardian if under 18.

Signature _____ Date _____

Drop Off or Mail To: **Big Foot Recreation District / P.O. Box 99 / Walworth, WI 53184**

Method of Payment:
 Cash _____
 Check # _____
 (Payable to **Big Foot Recreation**)

Total Fees	
Credits/Disc	
Total Amount	

Credit Card (circle one)



Card Number: _____

Exp. Date: _____ CVC#: _____

Cardholder's Name: _____

Signature: _____

OFFICE USE ONLY
(Processed)

Initials: _____ Date: _____