Sussex Recreation Department Registration Form

W240N5765 Maple Ave., Sussex WI 53089
262-246-6447 Office 262-246-6337 Fax www.village.sussex.wi.us commcenter1@wi.rr.com

Participant Name or Parent/Guardian Name: _____
(If participant is adult.) (If participant is minor child.) Last Name (s) , First Name (s)

Address: _____ City: _____ State: _____ Zip: _____

Phone: ( ) _____ Cell: ( ) _____ E-mail address: _____
Receipts, notifications, cancellations and other important program information from the Recreation Department are sent via e-mail. It is important you provide an e-mail address.

Emergency Contact Name: _____ Relationship to Participant: _____ Phone: ( ) _____

I/We _____ would like to **volunteer coach or assist** with the following:_____ _____
Name of volunteer (s) Program (s)

Americans With Disabilities Act - The Village of Sussex complies with the Americans with Disabilities Act and will make reasonable modifications to support inclusive recreation participation. The Recreation Department requests ample notice regarding special assistance needs. This will allow our department proper planning time to accommodate special assistance needs. For answers to your questions about recreation inclusion, call Megan Sackett at 262-246-6447 or e-mail Megan at msackett@wi.rr.com. I/We need reasonable modifications to participate in recreational program ming. Circle one: Yes No

Class/Trip ID# Example: 1118.0 Found in each Description.	**Program Name** Example: senior fitness, t-ball, coach pitch, soccer	**First Name of Participant (s)** Note: If last name of child(ren) is different from parent listed above, please provide the child's last name. You may list all of the participating members in one family for same/different programs on one registration form.	**Date of Birth Required for ALL Adult, Sr. Adult & Children** (02/14/1935)	**Age**	**Grade**	**Youth Team Sports Only** T-Shirt Sizes **Small** (6-8) **Medium** (10-12) **Large** (14-16)	**Fee/Cost** Be sure to submit the appropriate fees.
						Transaction TOTAL	

Payment Method (Check all that apply.)

_____ Checks *payable to: Village of Sussex*
_____ Cash
_____ Gift Certificate
_____ Credit Card

If payment is returned as "non-payable" for any reason there will be a charge of $30 for each returned submission. Registrations will not be processed until issuer "makes good" on the submitted amount plus pays in full any services charges.

Registrations are not processed if an incorrect payment accompanies registration form. We will not hold spots open until correct payments are received.

Required Information for Credit Card Transactions (write legibly)

Circle One: Visa MasterCard Discover American Express **Expiration Date**: _____

Card #:_____

Entire **name is it appears on the credit card** (please print legibly): _____

I understand that there will be processing fees added to this transaction if I choose to utilize the credit card payment option for online, transactions and agree to those terms and conditions. Processing fees are non-refundable. Cardholder acknowledges receipt of goods and/or services in the amount of the Total shown hereon and agrees to perform the obligations set forth in the Cardholder's agreement with the Issuer.

Signature (REQUIRED): _____

Statement of Liability and Understanding

The undersigned, participant (adult), parent/guardian or a designee do hereby understand that I have registered the individuals herein to participate in the aforementioned activities. I further agree to completely indemnify and hold harmless the Village of Sussex and its employees, officers and agents from and against any and all liability. I understand the requested programs, like all activity, has some inherent risk involved. Furthermore, the individuals named herein are in good physical condition appropriate for the stated activity and the participants assume full responsibility for injuries incurred while taking part in an activity. No accident insurance is provided by the Village of Sussex. I have read and agree to the registration and related policies, procedures and/or guidelines. I understand that any intentional misrepresentation about residency or age will result in removal from programming (forfeiting all fees/costs). I agree to provide proof of residency upon request. I read the enclosed and accept. By signing this, I agree to comply with the Code of Conduct policy set forth by the Village of Sussex and will accept the ramifications should I not adhere to it. **Adult Participant, Parent/Guardian, or an Adult Designee Signature is required for this registration to be valid.**

_____ _____ _____
Signature **Print Name** **Date**