Sussex Recreation Department Registration Form

W240N5765 Maple Ave., Sussex WI 53089
262-246-6447 Office 262-246-6337 Fax www.village.sussex.wi.us recinfo@villagesussex.org

Parent/Guardian or Adult Participant Name:_____
Last Name 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 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@villagesussex.org. I/We need reasonable modifications to participate in recreational programming.
Circle one: Yes No

Class/Trip ID# Example: 1118.0 Found in each Description.	**Program Name** Example: senior fitness, t-ball, coach pitch	**First Name of Participant (s)** Note: If last name of child is different from parent listed above, please provide the child's last name.	**Male Female** Circle One	**Date of Birth** **Required for all children.** (02/14/2000) Adult or Senior Adult if you choose not to give D.O.B.	**Age**	**Grade**	**T-Shirt Size** **Youth** **YS** - 6-8 **YM** - 10-12 **YL** - 14-16 **Adult** S, M, L, XL, XXL	**Fee/Cost** Be sure to submit the appropriate fees.
			M F					
			M F					
			M F					
			M F					
			M F					
			M F					
			M F					
							Transaction TOTAL	

Payment Method
(Check all that apply.)

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

If for any reason payment is returned as "not payable" a service fee of $30 is charged for each returned submission. Full payment plus accrued service fees must be paid in full to become registered.

Required Information for Credit Card Transactions (write legibly)

This credit card information is required for mail-in, drop-box & faxed registrations. Present credit card for immediate processing.

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

Card #:_____

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

I 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 **Date**