REGISTRATION INFORMATION

Office Hours: Monday - Friday 8:30 AM - 4:30 PM
No phone-in registration accepted for any programs
WALK-INS & MAIL-IN REGISTRATION WILL BE ACCEPTED UPON RECEIPT OF THIS BROCHURE

MAIL-IN REGISTRATION

1. Complete the family registration form making sure you have included the correct class name and day. This form may be used for your whole family.

2. Enclose a self-addressed stamped envelope. This is needed to return a class confirmation to you or to return checks for classes that have filled.

3. Attach your check or money order payable to the "City of Menomonie" and mail to:
   Menomonie Parks & Recreation Department
   Leisure Services Center
   1412 Sixth Street
   Menomonie, WI 54751

4. If class chosen has filled and there is no second choice indicated, your name will be placed on a waiting list. You will be notified by phone of any openings.

WALK-IN REGISTRATION

1. Walk-in registration will be received at the Parks and Recreation Department office in the Leisure Services Center at 1412 Sixth Street in Menomonie.

2. During the walk-in registration, you will need to complete the family registration form. This form may be used for your whole family.

3. Once you have registered and paid the required fee, you will not receive any other notification from MPRD. Go to the proper class at the place, time and date listed in the brochure.

PHONE-IN REGISTRATION

Will not be accepted for any programs.

MENOMONIE PARKS & RECREATION DEPARTMENT REGISTRATION FORM

PRINT CLEARLY • ONE FORM PER HOUSEHOLD ONLY

Payee (Adult/Parent/Guardian)

Last Name_____ First Name _____

Address _____ Home Phone_____

City/State _____ Zip _____

Work Phone _____ Cell Phone _____

☐ Please check box if this is a new address

Please note any special conditions we should be aware of (Medication, disability, etc.) _____

REMEMBER:
- **NO** telephone registrations are accepted.
- Payment by CHECK, CASH, Charge.
- If you would like confirmation, please include a stamped/self addressed envelope. Unless otherwise notified, assume that you are enrolled in the class.

____Yes, I can help coach youth sports.

NAME OF REGISTRANTS/PARTICIPANTS: (04-05 SCHOOL YEAR)

First Name	Last Name	M/F	Grade	DOB	Age	Program Title	Session/Time	Program Fee
							TOTAL FEES	**$**

3 EASY WAYS TO REGISTER
1. Registration by Mail
2. Walk-in registration
   Office hours are: Monday - Friday, 8:30 a.m. - 4:30 p.m.
3. FAX 715-232-5328
   MasterCard/VISA charges only.

Payment Method (Check one)
___ Check - Made payable to City of Menomonie
___ Cash - (Do not send cash through the mail)
___ Credit Card - Circle one VISA or MasterCard
Card # _____ Expiration _____
Card Holder Name _____
Signature _____

LIABILITY STATEMENT
All adult participants must sign below. In addition, the signature of a parent or legal guardian is required for youth registrations.
I hereby understand that I/or my child has registered to participate in a program sponsored by the City of Menomonie Recreation Department. I acknowledge and will adhere to department policies described in this brochure. I understand that participating in this activity (like all activity) has some inherent risk. Furthermore, I certify that I am/my child is in good physical condition (if not, I have noted limitations), and assume full responsibility for injuries incurred. NO ACCIDENT INSURANCE PROVIDED! Participants must provide insurance coverage prior to and for the duration of activity.

SIGNATURE _____ DATE _____