

Registration Information

**Drop off or mail your registration form and payment to: Leisure Services,
18 N. Jackson Street, P.O. Box 5005, Janesville, WI 53547-5005**

Registration forms will be processed in the order they are received. Please note the dates and times of the programs applied for, **as confirmation will not be sent.** You will be contacted if a class is full and an alternative day, time or session is available. It is helpful to include a second choice for swim or tennis lessons, as these programs fill quickly. **Use the Registration Form found on page 8 for all individual activities.** Additional copies of the form are available on the City's website (www.ci.janesville.wi.us).

Program Information - All program registrations are subject to space availability; if a class is full, you will be placed on a waiting list. Programs and/or classes may be cancelled due to minimum registration requirements. You will be notified at least 48 hours in advance if an activity must be cancelled due to low enrollment. In classes with multiple sessions, enrollment in one session does not automatically secure a space in future sessions.

Payment Options - Leisure Services accepts MasterCard, VISA, cash or local checks made payable to Leisure Services for all programs and services. Your MasterCard or VISA number and expiration date must be listed clearly on the registration form. If information is not legible, processing of your registration may be delayed. **Please note programs that require checks payable to the co-sponsoring agency.**

Refund/Cancellation Policy - All refunds will be made at the discretion of the Recreation Director. Refunds are handled on an individual basis, are paid by check (or credited for credit card payment) and take up to four weeks to process. Participants removed from an activity/program will not receive a refund. Refunds will be reduced by cancellation fees in the amount of \$10 per session for camps and clinics and \$5 for lessons.



Registration Form

Please print and use this form for all Leisure Services activities. Please use a separate form for each participant.

Participant Name: _____ Nickname: _____ Age: _____

Male _____ Female _____ Grade entering this fall: _____ Name of School: _____

Parents/Guardians Names (for youth registration): _____

Address: _____ City & State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-Mail (optional): _____ (We will add you to a distribution list for cancellation and re-scheduling information.)

Emergency Contact Name: _____ Phone: _____

Is the child in custody of both parents? Yes No If no, can the non-custodial parent pick up? Yes No

Please list others authorized to pick up your child (other than parents/guardians/emergency contact listed above): _____

COMPLETE THIS SECTION FOR CAMPS ONLY

T-shirt size (camps only): Child: S M L XL Adult: S M L (Child must be enrolled at least one week prior to start of camp to receive a t-shirt.)

KCC ½ Day Only: Bus Service? Yes No (**Bus service is available for sessions 2-5 only.**)

If Yes, Bus Stop Location: Jefferson Kennedy Madison Van Buren

Will you be using before/after care? (where applicable) Before care After care Both

Swimming Ability (where applicable): _____ Doctor: _____ Phone: _____

Medical conditions: _____

Check here if applying for a camp scholarship. If applying, camp fees are not due until your application has been processed. Scholarship applications are available by calling 755-3030 or online at www.ci.janesville.wi.us (document library, Recreation Dept.).

Activity Name	Dates or Session Number	Starting Time	Activity Location	Level	Cost per Session
1.					
2.					
3.					

Make checks payable to Leisure Services unless otherwise noted.

TOTAL DUE \$ _____

Check No.: _____   MC/ Visa No.: _____ Expiration Date: _____

Waiver for Participation

In consideration of the CITY'S acceptance of my/our use of its premises and equipment and upon payment of fee, if any, for participation in this event/activity, I hereby, for myself, and any minor for whom I am signing for, and for my/our heirs, executors, assigns and administrators waive and release any and all rights, claims and causes of action for damages, injuries, and payments whatsoever that I may have against the CITY OF JANESVILLE, a Wisconsin municipal corporation located in the County of Rock, and each and every of the CITY'S elected and appointed officials, employees, representatives, agents, heirs and assigns, jointly and severally, from and suffered by me and/or the minor (if any) named herein at any activity, event, or place sponsored by the CITY OF JANESVILLE or other organizations or persons utilizing CITY OF JANESVILLE properties or equipment. This waiver and release applies to any and all activities, including arrival and departure from CITY, public or private property. I/we agree to hold harmless the CITY OF JANESVILLE, and each and every of its elected officials, employees, representatives, agents, and their executors, administrators, heirs, and assigns, for any and all injuries incurred upon CITY OF JANESVILLE property, or events related to such participation once I have entered upon the CITY'S property, or the activity or event. I am assuming any and all responsibility for any and all injuries, damages, risks and claims. By signing below I acknowledge reading the above waiver statement. **By signing below I acknowledge reading the above waiver statement.**

(Check one) Parent Guardian Adult Participant:

Signature: _____ Date: _____