



Wauwatosa School District
 Recreation Department
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Wauwatosa Active Older Adults Membership 2019

Registration Form (Activity #663000-19)

\$15 Resident \$20 Non-Resident (Make checks payable to: Wauwatosa Recreation Dept.)

Name: _____

Address: _____ **City:** _____ **Zip:** _____

Phone: _____ **Birthday (Month/Day/Year):** _____

Cell Phone: _____ **Email Address:** _____

Are you interested in volunteering? Yes No **If, so in what capacity:** _____

I, the undersigned, do hereby understand that I have registered the individuals named herein to participate in the aforementioned activity (ies) and I further agree to indemnify and hold harmless the Wauwatosa Recreation Department and its employees, officers and agents from and against any and all liability. In addition, I understand that this requested program, like all activity has some inherent risk involved. Furthermore, the individuals named herein are in good physical condition appropriate for the slated activity (ies) and that participants must assume full responsibility for injuries incurred while taking part in an activity. No accident insurance is provided by the Wauwatosa Recreation Department. I/We have read and agree to the registration and program policies.

Signature: _____ **Date:** _____

Medical Information

Emergency Contact Person: _____

Emergency Contact Phone: _____

Medications: _____

Allergies: _____

Please check any of the following that apply:

- I have difficulty walking long distances (field trips).
- I use a cane. I use a walker. Other (please explain): _____