

Program Registration Form



EDUCATION AND RECREATION DEPARTMENT
a proud part of **FRANKLIN** PUBLIC SCHOOLS

423-4646

For early placement, register online at
www.franklin.k12.wi.us

NAME OF PERSON PAYING: (Last) _____ (First) _____

ADDRESS _____ **CITY** _____ **ZIP** _____

EVENING PHONE (____) _____ **DAY PHONE** (____) _____ **CELL PHONE** (____) _____

EMAIL ADDRESS: _____

In case of emergency, name and phone number of local person to contact if no answer at the above number(s):
 NAME _____ **RELATIONSHIP** _____ Phone(____) _____

Please note any special considerations we should be aware of: (medication, disabilities, behavior problems, etc.)

EACH ADULT PARTICIPANT MUST SIGN BELOW. IN ADDITION, THE SIGNATURE OF A PARENT OR LEGAL GUARDIAN IS REQUIRED FOR YOUTH REGISTRATIONS.

I the undersigned or parent/guardian of the individual named below, do hereby understand that I have registered the individual(s) named herein to participate in the aforementioned activity(ies) and I further agree to indemnify and hold harmless Franklin Public Schools and its employees, officers and agents from and against any and all liability. In addition, I understand that the requested programs indicated below, like all activities, have some inherent risk involved. By participating in the activities and receiving information, the participant agrees that Franklin Public Schools shall not be held liable for any type of loss or damage that could be construed as arising from using information learned from the activities and programs. Franklin Public Schools does not accept any responsibility or liability for use or application of information or instruction provided in the activities and programs. My signature below indicates that I have read and understand the concussion policy and protocol, which is found on www.franklin.k12.wi.us/Rec_Dept/, "Concussion Policies and Protocol." Furthermore, the individuals named herein are in good physical condition appropriate for the stated 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 Franklin Public Schools Community Education and Recreation Department. (We have read and agreed to the registration, concussion and program policies.

Signature X _____ **DATE** _____

Participant's Name	Age <small>(if under 18)</small>	Gender	Grade <small>(where applicable)</small>	T-Shirt Size <small>(where applicable)</small>	Class Code	Program Title	Fee
		<input type="checkbox"/> M <input type="checkbox"/> F		Youth <input type="checkbox"/> S (6-9) <input type="checkbox"/> M (10-12) <input type="checkbox"/> L (14-16) Adult <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL			
		<input type="checkbox"/> M <input type="checkbox"/> F		Youth <input type="checkbox"/> S (6-9) <input type="checkbox"/> M (10-12) <input type="checkbox"/> L (14-16) Adult <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL			
		<input type="checkbox"/> M <input type="checkbox"/> F		Youth <input type="checkbox"/> S (6-9) <input type="checkbox"/> M (10-12) <input type="checkbox"/> L (14-16) Adult <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL			
		<input type="checkbox"/> M <input type="checkbox"/> F		Youth <input type="checkbox"/> S (6-9) <input type="checkbox"/> M (10-12) <input type="checkbox"/> L (14-16) Adult <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL			
		<input type="checkbox"/> M <input type="checkbox"/> F		Youth <input type="checkbox"/> S (6-9) <input type="checkbox"/> M (10-12) <input type="checkbox"/> L (14-16) Adult <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL			
		<input type="checkbox"/> M <input type="checkbox"/> F		Youth <input type="checkbox"/> S (6-9) <input type="checkbox"/> M (10-12) <input type="checkbox"/> L (14-16) Adult <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL			
		<input type="checkbox"/> M <input type="checkbox"/> F		Youth <input type="checkbox"/> S (6-9) <input type="checkbox"/> M (10-12) <input type="checkbox"/> L (14-16) Adult <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL			
		<input type="checkbox"/> M <input type="checkbox"/> F		Youth <input type="checkbox"/> S (6-9) <input type="checkbox"/> M (10-12) <input type="checkbox"/> L (14-16) Adult <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL			
		<input type="checkbox"/> M <input type="checkbox"/> F		Youth <input type="checkbox"/> S (6-9) <input type="checkbox"/> M (10-12) <input type="checkbox"/> L (14-16) Adult <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL			
If you live in the Franklin/Oak Creek or Franklin/Whitnall school districts, did you remember to include your \$30.00 annual fee?							
TOTAL							

Please Check: Franklin School District Franklin/Oak Creek Franklin/Whitnall Non Resident

Credit card information (Please print clearly): Mastercard VISA Card Holder Name (print) _____

Exp. Date ____ / ____ **Card #** _____ **3 Digit CVV #** _____ **Signature X** _____

Please make one check for total due to:
FRANKLIN RECREATION (unless otherwise indicated)

MAIL TO: Franklin Recreation Department
Franklin High School
8222 South 51st Street • Franklin, WI 53132

IMPORTANT: Please read the updated policies in this brochure before registering for any classes. Please note the cancellation and refund policies. You are responsible for knowing the refund.
 Also, please make a note of all the classes you are signing up for as **CONFIRMATIONS WILL NOT BE SENT.**
NOTE: Registration will not be processed without payment. Exact change is appreciated when paying with cash for all classes/activities.

FOR OFFICE USE ONLY	
TOTAL ENCLOSED \$ _____	DATE _____
<input type="checkbox"/> CHECK NUMBER _____	
<input type="checkbox"/> CASH	
<input type="checkbox"/> CREDIT CARD	
<input type="checkbox"/> CREDIT / REFUND _____	

The Franklin Public School District pursuant to s. 118.13 Wisconsin Statutes, and P. O. does not discriminate against pupils, citizens, employees and patrons on the basis of sex, race, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, or physical, mental emotional or learning disability or handicap in its educational programs, activities or operations. Further, no person may be denied admission to any school in this district or be denied participation in, be denied the benefits of, or be discriminated against in any curricular, extracurricular, pupil services, recreational or other programs or facets of the district's operation.