

# PROGRAM REGISTRATION FORM

Jackson Parks & Recreation/Jackson Community Center

N165 W20330 Hickory Lane, Jackson WI 53037

Phone: (262) 677-9665

Email: [parkrec@villageofjacksonwi.gov](mailto:parkrec@villageofjacksonwi.gov)

Web: [jacksonparkrec.recdesk.com](http://jacksonparkrec.recdesk.com)

FAMILY NAME: \_\_\_\_\_ RESIDENCY:  Village  Non-Res./Town

ADDRESS: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

EMERGENCY CONTACT NAME & CELL NUMBER: \_\_\_\_\_, (\_\_\_\_) \_\_\_\_\_

**ALLERGIES OR MEDICAL CONDITION TO NOTE:**  NO  YES Please Explain: \_\_\_\_\_

- Complete form with waiver signed below.
- Include payment: check made payable to "Jackson Parks & Recreation" or Cash or Credit Card (*form below*).
- Register Online at: [jacksonparkrec.recdesk.com](http://jacksonparkrec.recdesk.com), Mail or Drop Off at the JCC at least (5) days prior to class start date.
- Proof of Residency and/or age may be requested at the time of registration. As of 5/1/22 Town Residents are considered non-residents and will need to pay fee accordingly.
- Registrations are a first come, first served basis at the time of payment.
- The JPR reserves the right to cancel, combine or reschedule to meet instructor and class size requirements.



PARTICIPANT NAME	DOB	AGE	GRADE	PROGRAM NAME	PROGRAM CODE	DAY (S)	DATES	TIME	FEE
Sample JPR	0/0/00	00	0	Super Fun Class	#1234	M&W	9/12-10/15	5-6pm	\$1.00

**LIABILITY WAIVER: VOJ/JPR refers to Village of Jackson and Jackson Parks & Recreation.** All registrants are required to sign the following release. Parents or guardians must sign for minors. The undersigned freely, voluntarily, and without duress executes this waiver and release under the following terms: The undersigned does hereby release and forever discharge and hold the VOJ/JPR harmless from any and all liability, claims, and demands, either in law or in equity, which arise or may hereafter arise from the undersigned's activities with the VOJ/JPR. The undersigned understands that this waiver and release discharges the municipality from any liability or claim that the undersigned may have against the municipality with respect to any bodily injury, personal injury, illness, death or property damage that may result from the undersigned's activities with the VOJ/JPR, whether caused by the undersigned or by the negligence of the VOJ/JPR or its officers, directors, employees, agents or otherwise. However, the VOJ/JPR and the undersigned understand that the municipality is not released from liability for harm incurred by the undersigned, which results from the VOJ/JPR intentional or reckless conduct. The undersigned understands that the VOJ/JPR does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness to the undersigned. The undersigned hereby expressly and specifically assumes the risk or injury or harm in the activities and releases the VOJ/JPR from any and all liability for injury, illness, death, or property damage resulting from the activities and caused by the undersigned or by the negligence of the VOJ/JPR. The undersigned does hereby release and forever discharge the VOJ/JPR from any claims whatsoever which arise or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the undersigned's activities with the VOJ/JPR. The undersigned does hereby grant and convey unto the VOJ/JPR all right, title, and interest in any and all photographic images and video or audio recordings made by the VOJ/JPR during the undersigned's activities with the VOJ/JPR, including but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings. I have read this waiver and release of liability thoroughly and fully understand and enter into it on behalf of myself, my heirs, next of kin, assigns, and personal representatives. No one has made any representations, statements, or inducements that change or modify anything written in the waiver and release of liability.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**REFUND REQUESTS**

Requests for full refunds must be made (2) weeks prior to the start date of the program. A 50% service fee will be applied to any cancellations made 13 days prior to the start date of a class. NO REFUNDS will be granted once a program has begun. Please allow (3) weeks for processing.

**OFFICE STAFF INITIALS:** \_\_\_\_\_

CASH  CHECK# \_\_\_\_\_

CREDIT CARD

**Jackson Parks & Recreation Credit Card Authorization**

Name: \_\_\_\_\_ (as it appears on card)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Check if Billing is the same or list: \_\_\_\_\_

**VISA/MC/DISCOVER**

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|

Exp. Mo/Yr: \_\_\_\_|\_\_\_\_|\_\_\_\_| CVV Code \_\_\_\_|\_\_\_\_|\_\_\_\_|

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**AMEX**

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|

Exp. Mo/Yr: \_\_\_\_|\_\_\_\_|\_\_\_\_| Sec. Code \_\_\_\_|\_\_\_\_|\_\_\_\_|

I authorize the Jackson Parks & Recreation Dept. to charge my credit card for the above fees. If the Jackson Parks & Recreation Dept. is unable to process my payment, I will be responsible for an alternate payment arrangement. I understand there may be a fee associated with credit card processing.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_