Program Registration Form

REGISTER: In person, ONLINE or by mail!

JACKSON AREA COMMUNITY CENTER, N165 W20330 Hickory Lane, Jackson - WI 53037
Phone (262) 677-9665, Fax (262) 677-9641, Email: parkrec@villageofjackson.com

FAMILY NAME _____ RESIDENCY ☐ Town ☐ Village ☐ NonRes.

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE (____) _____ ALTERNATE PHONE (____) _____

EMERGENCY CONTACT NAME & NUMBER _____ (____) _____

EMAIL ADDRESS _____

ALLERGIES OR MEDICAL CONDITION TO NOTE ☐ NO ☐ YES
Please Explain _____

1. Complete form with waiver signed below.
2. Include payment: check made payable to "Jackson Jt. Parks & Rec. Dept."/cash/ or credit card info below.
3. Mail or drop off at the Jackson Area Community Center (address above) at least 5 days prior to class start date.
4. Proof of residency and/or age made be requested at anytime.
5. Registrations are a first come, first served basis at the time of payment.
6. We reserve the right to cancel, combine or reschedule to meet intrructor and class size needs.

JACKSON VILLAGE TOWN & Parks & Recreation

Participant Name	D.O.B.	Age	Grade	Program Name	Program Code	Day (s)	Dates	Time	Fee
La La Recie	8/0/00	00	3	fun class	999	m & w	9/12-10/15	5-6pm	0.00

LIABILITY WAIVER: 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 "Municipality" 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 "Municipality". 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 "Municipality", whether caused by the undersigned or by the negligence of the "Municipality" or its officers, directors, employees, agents or otherwise. However, the "Municipality" and the undersigned understand that the "Municipality" is not released from liability for harm incurred by the undersigned which results from the "Municipality's" intentional or reckless conduct. The undersigned understands that the "Municipality" 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 "Municipality" 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 "Municipality". The undersigned does hereby release and forever discharge the "Municipality" 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 "Municipality". The undersigned does hereby grant and convey unto the "Municipality" all right, title, and interest in any and all photographic images and video or audio recordings made by the "Municipality" during the undersigned's activities with the "Municipality", 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.
***** "Municipality" in this statement refers to the Village and Town of Jackson.***

SIGNATURE _____ DATE ___/___/___ CASH _____ CHECK # _____

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 7 days prior to the start date of a class. NO refunds will be granted once a program has begun. Please allow 2 weeks for processing.

CREDIT CARD AUTHORIZATION

Amount: $ _____

Name on Card *(print)* _____
☐ Billing Same as above or please list _____

AMEX ☐☐☐☐ ☐☐☐☐☐☐ ☐☐☐☐☐ Sec. Code ☐☐☐

VISA/MC ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ CVV Code ☐☐☐
or Discover Exp. Mo. ☐☐ Exp Yr. ☐☐

I authorize the Jackson Jt. Parks & Recreation Dept. to charge my credit card for the above fees. If the Jackson Jt. Parks & Recreation Dept. is unable to process my payment, I will be responsible for an alternate payment arrangement.

Signature _____ Date ___/___/___