

## CITY OF BROOKFIELD REGISTRATION FORM

Last Name		First Name		Email		
Address		City& Zip		Home Phone		
Class Choice	Class#	Activity	Day(s)	Date(s)	Time	Fee
1st Choice						
2nd Choice						
1st Choice						
2nd Choice						
						Total \$

I, the undersigned, do hereby agree to allow the individual(s) named herein to participate in the activity(ies) indicated. I am aware of and understand that there may be potential risks inherent with participation in any recreation activity, and that the City of Brookfield does not provide accident insurance and cannot assume responsibility for injury to any participants in its recreation programs. I further understand the eligibility requirements for the program as stated in the Department brochure, that that there is NO TRANSFER OF FEES ALLOWED.

Signature X \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_Participant      \_\_\_Parent/Guardian      \_\_\_Other

\_\_\_Fee Paid      \_\_\_Received Date