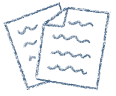


# REGISTRATION INFORMATION



## ADULT MAIL-IN AND DROP-OFF REGISTRATION

1. Complete the registration form below and sign the waiver.
2. Include payment (verify correct fee based on residency) by check made out to: Brookfield Parks, Recreation & Forestry
3. Place registration form and check in an envelope addressed to:  
 Department of Parks, Recreation, & Forestry,  
 2000 N. Calhoun Road, Brookfield, WI 53005
4. Mail or drop off your registration to the address listed on page 3.
5. Mail in or drop off registrations will be processed randomly the next business day after registration begins.

## ADULT REGISTRATION FORM — FALL — MAY BE DUPLICATED — MONDAY, SEPTEMBER 14, 2020

Last Name			First Name			Email	
Address			City & Zip		Home Phone		
Class choice	Class #	Activity	Location	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, and that there is NO TRANSFER OF FEES ALLOWED.

### FOR OFFICE USE ONLY

Signature X \_\_\_\_\_  
 Participant    Parent    Guardian    Other

___R	___Cash	Fee	Rec'd
___NR	___Check	Paid: _____	Date: _____

## ADULT REGISTRATION FORM — WINTER/SPRING — MAY BE DUPLICATED — MONDAY, JANUARY 11, 2021

Last Name			First Name			Email	
Address			City & Zip		Home Phone		
Class choice	Class #	Activity	Location	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, and that there is NO TRANSFER OF FEES ALLOWED.

### FOR OFFICE USE ONLY

Signature X \_\_\_\_\_  
 Participant    Parent    Guardian    Other

___R	___Cash	Fee	Rec'd
___NR	___Check	Paid: _____	Date: _____