

# Sussex Parks and Recreation Department Registration Form

N64W23760 Main Street., Sussex WI 53089

262-246-5200 Office

262-246-5222 Fax

www.villagesussex.org

recinfo@villagesussex.org

Parent/Guardian or Adult Participant Name: \_\_\_\_\_ Adult Date of Birth: \_\_\_\_\_  
Last Name First Name (s) (ex. 01/01/1960)

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

Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ E-mail address: \_\_\_\_\_

Emergency Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

I/We \_\_\_\_\_ would like to **volunteer coach or assist** with the following: \_\_\_\_\_  
Name of volunteer (s) Program (s)

**Americans With Disabilities Act** - The Village of Sussex complies with the Americans with Disabilities Act and will make reasonable modifications to support inclusive recreation participation. The Recreation Department requests ample notice regarding special assistance needs. This will allow our department proper planning time to accommodate special assistance needs. For answers to your questions about recreation inclusion, call Megan Sackett at 262-246-5200 or e-mail Megan at msackett@villagesussex.org. I/We need reasonable modifications to participate in recreational programming.  
 Circle one: Yes No

Class/Trip ID# <small>Example: 1118.0 Found in each Description.</small>	Program Name <small>Example: senior fitness, t-ball, coach pitch</small>	First Name of Participant (s) <small>Note: If last name of child is different from parent listed above, please provide the child's last name.</small>	Male Female  <small>Circle One</small>	Date of Birth Required for everyone.  <small>Youth Adults Senior Citizens</small>	Age	Grade	T-Shirt Size <u>Youth Team Sports</u> <small>YS - 6-8 YM - 10-12 YL - 14-16 <u>Adults</u> S, M, L, XL, XXL</small>	Fee/Cost  <small>Be sure to submit the appropriate fees.</small>
			M F					
			M F					
			M F					
			M F					
			M F					
			M F					
			M F					

**Transaction TOTAL**

<p><b>Payment Method (Check all that apply.)</b></p> <p><input type="checkbox"/> Checks <i>Payable to: Village of Sussex</i></p> <p><input type="checkbox"/> Cash</p> <p><input type="checkbox"/> Gift Certificate</p> <p><input type="checkbox"/> Credit Card</p> <p>If for any reason payment is returned as "not payable" a service fee of \$30 is charged for each returned submission. Full payment plus accrued service fees must be paid in full to become registered.</p>	<p style="text-align: center;"><b>Statement of Liability and Understanding</b></p> <p>The undersigned, participant (adult), parent/guardian or a designee do hereby understand that I have registered the individuals herein to participate in the aforementioned activities. I further agree to completely indemnify and hold harmless the Village of Sussex and its employees, officers and agents from and against any and all liability. I understand the requested programs, like all activity, has some inherent risk involved. Furthermore, the individuals named herein are in good physical condition appropriate for the stated activity and the participants assume full responsibility for injuries incurred while taking part in an activity. No accident insurance is provided by the Village of Sussex. I have read and agree to the registration and related policies, procedures and/or guidelines. I understand that any intentional misrepresentation about residency or age will result in removal from programming (forfeiting all fees/costs). I agree to provide proof of residency upon request. I read the enclosed and accept. By signing this, I agree to comply with the Code of Conduct policy set forth by the Village of Sussex and will accept the ramifications should I not adhere to it. By signing this form, you are stating that you understand the importance of recognizing and responding to the signs, symptoms and behaviors of a concussion or head injury and have read the Parent Concussion and Head Injury information on the Village of Sussex website. I agree that my child must be removed from practice/play if a concussion is suspected and seek medical treatment. <b>Adult Participant, Parent/Guardian, or an Adult Designee Signature is required for this registration to be valid.</b></p> <p>_____ Signature <span style="float: right;">Date</span></p>
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**Required Information for Credit Card Transactions (write legibly)**

*This credit card information is required for mail-in, drop-box & faxed registrations.  
 Present credit card for immediate processing.*

Circle One: Visa MasterCard Discover American Express Total amount to be applied to card: \_\_\_\_\_

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Entire name as it appears on the credit card (please print legibly): \_\_\_\_\_

*I Cardholder acknowledges receipt of goods and/or services in the amount of the Total shown hereon and agrees to perform the obligations set forth in the Cardholder's agreement with the Issuer.*

Signature (REQUIRED): \_\_\_\_\_ (This portion of the form will be destroyed after transaction is complete.)