

# PROGRAM REGISTRATION FORM

CITY OF SUN PRAIRIE PARKS AND RECREATION DEPARTMENT • DUPLICATE AS NEEDED

2598 West Main St. • Sun Prairie, WI 53590 • 608-837-3449 • Fax: 608-825-0716 • rec@cityofsunprairie.com

Parent/guardian full name(s): \_\_\_\_\_

Primary home address: \_\_\_\_\_

Secondary home address (if applicable): \_\_\_\_\_

Please check one:  City of Sun Prairie resident  SPASD resident (by default)  Non-resident

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Alternate cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Company name: \_\_\_\_\_

Email (Required for receipts and updates on programs you are registered for): \_\_\_\_\_

I have read and agree to the **CONCUSSION INFORMATION DOCUMENT**  
(Please review information on page 5 or on our website at: [cityofsunprairie.com/244/concussion-facts](http://cityofsunprairie.com/244/concussion-facts))  
 I have completed the Waiver of Liability on reverse page.

**T-shirt Sizing/Options**  
YOUTH SIZES: YS (youth small) 6-8, YM (youth medium) 10-12, YL (youth large) 14-16  
ADULT SIZES: AS (adult small), AM (adult medium), AL (adult large), AXL (adult extra large)  
*\*if a size is needed that is not listed above, please contact staff to inquire. No guarantee of availability above/beyond the sizes listed above.*

## PARTICIPANT #1

Full name: \_\_\_\_\_

Date of birth (MM/DD/YYYY, required): \_\_\_\_\_

Gender (check one):  Female  Male

T-shirt size (if applicable, see above): \_\_\_\_\_

Food/material allergies? (check one):  YES  NO

Explain: \_\_\_\_\_

Special assistance needed? (check one):  YES  NO

Explain: \_\_\_\_\_

Program name: \_\_\_\_\_ Fee: \_\_\_\_\_

Registration #: \_\_\_\_\_

Alternate program: \_\_\_\_\_ Fee: \_\_\_\_\_

Registration #: \_\_\_\_\_

Program name: \_\_\_\_\_ Fee: \_\_\_\_\_

Registration #: \_\_\_\_\_

Alternate program: \_\_\_\_\_ Fee: \_\_\_\_\_

Registration #: \_\_\_\_\_

Program name: \_\_\_\_\_ Fee: \_\_\_\_\_

Registration #: \_\_\_\_\_

Alternate program: \_\_\_\_\_ Fee: \_\_\_\_\_

Registration #: \_\_\_\_\_

FEE SUBTOTAL FOR PARTICIPANT #1: \_\_\_\_\_

## PARTICIPANT #2

Full name: \_\_\_\_\_

Date of birth (MM/DD/YYYY, required): \_\_\_\_\_

Gender (check one):  Female  Male

T-shirt size (if applicable, see above): \_\_\_\_\_

Food/material allergies? (check one):  YES  NO

Explain: \_\_\_\_\_

Special assistance needed? (check one):  YES  NO

Explain: \_\_\_\_\_

Program name: \_\_\_\_\_ Fee: \_\_\_\_\_

Registration #: \_\_\_\_\_

Alternate program: \_\_\_\_\_ Fee: \_\_\_\_\_

Registration #: \_\_\_\_\_

Program name: \_\_\_\_\_ Fee: \_\_\_\_\_

Registration #: \_\_\_\_\_

Alternate program: \_\_\_\_\_ Fee: \_\_\_\_\_

Registration #: \_\_\_\_\_

Program name: \_\_\_\_\_ Fee: \_\_\_\_\_

Registration #: \_\_\_\_\_

Alternate program: \_\_\_\_\_ Fee: \_\_\_\_\_

Registration #: \_\_\_\_\_

FEE SUBTOTAL FOR PARTICIPANT #2: \_\_\_\_\_

Total fees for participants 1-2: \$ \_\_\_\_\_  
\*Scholarship donation: \$ \_\_\_\_\_  
**TOTAL AMOUNT ENCLOSED: \$ \_\_\_\_\_**

**\*Scholarship Donations**  
\*Mark Up\* for recreation: Add \$1 or more to your total fees to help provide assistance for those unable to afford the program fees for recreation activities.

## FORM OF PAYMENT (can use more than one)

Cash: \$ \_\_\_\_\_  Check: \$ \_\_\_\_\_ (Check #: \_\_\_\_\_) Checks are to be written out to "City of Sun Prairie" and must have driver's license # on it.

ActiveNet Account Credit: \$ \_\_\_\_\_ Name credit is under: \_\_\_\_\_

Debit/Credit Card (circle one): AMERICAN EXPRESS MASTERCARD VISA Name as it appears on card (please print): \_\_\_\_\_

Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_\_ Expiration Date (MM/YY): \_\_\_\_\_ / \_\_\_\_\_ Card Security Code (3 digit # on back of card): \_\_\_\_\_

Card holder's signature: \_\_\_\_\_