



Town of Brookfield Registration Form

Participant's Name	Shirt Size	Parent's/Guardian's Name(s)
Address	Age (as of today)	Telephone Number (Night)
City/Zip	Date of Birth	Telephone Number (Day) and/or Cellular Number
Email Address (for program confirmation and notifications; will not be given to any other source) REQUIRED		

Activity	Location	Day(s)	Beginning Date	Time	Fee

Non-resident fee _____

* Parents: Check this box if you are interested in coaching or assisting with your child's team

☐

TOTAL AMOUNT _____

Parent/Participant: Please read the following.

- ☆ Complete one form per child/participant. A copy of your child's birth certificate is not necessary.
- ☆ Town of Brookfield residents have the opportunity to register first. Non-residents will be able to register for programs at an additional cost of \$15 per child/per program.
- ☆ Walk-in registration is on a first-come, first-serve basis. Mail-in registrations will be assigned to a team by the Park & Rec Dept. The postmark will be observed as the date received as long as it is after the beginning registration date.
- ☆ There are limits to the number of participants in each program/team. When a program/team is full, it is closed. We will attempt to keep programs/teams open until full or until the deadline date, whichever comes first. If a program/team is full, you can request to be placed on a waiting list. We will make every effort to either place your child in a program/team or open up another program/team.
- ☆ There will be no refunds for cancellations made by the participant after the start of a program.
- ☆ Copy of this form will be used as your receipt and reminder. The participant should report to the location, time and date as noted.

Medical Problems/Serious Allergies: No _____ Yes _____ Explain: _____

I, do hereby agree to allow the individual named herein to participate in the activity(ies) listed above. I am aware that there may be risks inherent with participation in any activity, and that the Town of Brookfield, as well as the instructor/coach does not provide accident insurance and cannot assume responsibility for injury to any participant in its programs.

X Signature _____

Date: _____

To Be Used By Park & Recreation Department Only

Birth Cert.: On File Received Town Resident: Y N Paid \$ _____ Check # _____ Rec'd By: _____