

# REGISTRATION



cut along dotted line

## Community Recreation Registration Form

Mail or drop off at The W  
100 Wartburg Blvd., P.O. Box 1003, Waverly, IA 50677-0903

Participant (over 18) Last name \_\_\_\_\_ First name \_\_\_\_\_

Parent/guardian (under 18) Last name \_\_\_\_\_ First name \_\_\_\_\_

Parent/guardian (under 18) Last name \_\_\_\_\_ First name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Work phone \_\_\_\_\_ Email address \_\_\_\_\_

Emergency contact name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Private Swim Lessons—Estimated swimmer level \_\_\_\_\_ Guard name requested \_\_\_\_\_

Private Lessons—Days and times preferred \_\_\_\_\_

T-shirt size: Youth S (6-8): \_\_\_\_\_ Youth M (10-12): \_\_\_\_\_ Youth L (14-16): \_\_\_\_\_ Adult: S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_

Medical Information—Please list child's name and special information (allergies, injuries, etc.) \_\_\_\_\_

\_\_\_\_\_

What accommodations can we make to help your child be successful in our program? \_\_\_\_\_

\_\_\_\_\_

If you would like to receive emails regarding information about future programs, please add your email address here: \_\_\_\_\_

Yes  No The W has permission to use photographs of me and/or The W members in my family for advertising and publicity purposes.

Participant Information					Program Information					
Last Name	First Name	Sex	2016-17 Grade	Age	Birth Date Mo/Day/Year	Class Code	Start Date	Location	Time	Cost

Complete if paying by credit card										Total Cost	
Credit Card Number											
Expiration Date		<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa									
Signature as stated on credit card											

**Please keep a copy for your records.  
The W will not call to confirm your classes.**

**PERMISSION FOR MEDICAL TREATMENT**  
Upon registering for any Community Recreation program or activity, it is assumed that in the case of a parent's or guardian's absence or unavailability, The W staff is authorized to arrange for whatever medical treatment is considered necessary for the minor child enrolled in the activity. If a parent/guardian does not wish to authorize The W staff to arrange for medical treatment, a revocation of permission form must be filed with The W.

**RELEASE OF LIABILITY**  
By my signature, I signify that I have read, understand and agree to the following for myself or my children who participate in activities at The W.  
  
In consideration of the Wartburg-Waverly Sports & Wellness Center at Wartburg College granting the participant permission to participate in activities/programs, I hereby assume all risks of personal injury (including death) and property damage that may result from any activity/program. I do hereby release and agree to indemnify, defend, and hold harmless Wartburg College, the Board of Regents, the Wartburg-Waverly Sports & Wellness Center, their employees, officials and agents, and all participants in the program/activity from and against all liability, including claims and suits at law or in equity, for damages or injuries, fatal or otherwise, which may result from any negligence or the participant taking part in activities/programs offered by the Wartburg-Waverly Sports & Wellness Center at any location that these activities may take place.  
  
Parent/Guardian \_\_\_\_\_  
Date \_\_\_\_\_



**Register online @ [www.The-W.org](http://www.The-W.org)**  
 Online registrations will receive an email confirmation.

