

# 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 \_\_\_\_\_ E-mail address \_\_\_\_\_

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

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

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

Flag football jersey size: Youth: \_\_ S (6-8) \_\_ M (10-12) \_\_ L (14-16) Adult: \_\_ S \_\_ M \_\_ L

Baseball K-2nd grade T-shirt size: Youth: \_\_ S (6-8) \_\_ M (10-12) \_\_ 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? \_\_\_\_\_

| Participant Information |            |     |               | Program Information |                        |            |            |          |      |      |
|-------------------------|------------|-----|---------------|---------------------|------------------------|------------|------------|----------|------|------|
| Last Name               | First Name | Sex | 2010-11 Grade | Age                 | Birth Date Mo/Day/Year | Class Name | Start Date | Location | Time | Cost |
|                         |            |     |               |                     |                        |            |            |          |      |      |
|                         |            |     |               |                     |                        |            |            |          |      |      |
|                         |            |     |               |                     |                        |            |            |          |      |      |
|                         |            |     |               |                     |                        |            |            |          |      |      |
|                         |            |     |               |                     |                        |            |            |          |      |      |
|                         |            |     |               |                     |                        |            |            |          |      |      |
|                         |            |     |               |                     |                        |            |            |          |      |      |
|                         |            |     |               |                     |                        |            |            |          |      |      |
| <b>Total Cost</b>       |            |     |               |                     |                        |            |            |          |      |      |

**Complete if paying by credit card**

Credit Card Number

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Expiration Date

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MasterCard  Visa

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

Signature as stated on credit card

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