

\*\*\* Registration forms may be duplicated \*\*\*  
**Cudahy Recreation Department Registration Form**

<hr/> <b>Name</b>	<hr/> <b>Age</b>	<hr/> <b>Grade</b>	<hr/> <b>School</b>
<hr/> <b>Address</b>	<hr/> <b>City</b>	<hr/> <b>Zip</b>	
<hr/> <b>Parent/Legal Guardian Name</b>	<hr/> <b>Home Phone</b>	<hr/> <b>Day Phone</b>	

**Activity ID:** \_\_\_\_\_

**Time:** \_\_\_\_\_

**Fee:** \_\_\_\_\_

**If offered, Tee Shirt:**  
(in Adult Sizes, unless stated  
Children's in booklet)

___ S	___ M
___ L	___ XL

**Cudahy Recreation Department  
Waiver of Liability**

I understand that neither the Cudahy School Board nor the Cudahy Recreation Department assumes liability for payment of medical-hospital expenses which may be incurred by myself or the person on this form while participating in this activity, but said liability will be assumed by myself for the duration of the activity. Participants who do not have medical-hospital insurance coverage are encouraged to purchase this coverage from their own insurance source. I further understand that the Cudahy Recreation Department is not responsible for lost or stolen articles.

**I have read and fully understand the above Waiver of Liability Statement.  
If under 18 years of age, this form must be signed by a parent or guardian.**

**Signed** \_\_\_\_\_

**Date** \_\_\_\_\_

**Please pay by check or money order payable to: Cudahy Recreation Department (2915 E Ramsey Ave.)  
Form of Payment: (Your check or money order will be your receipt - receipts will not be mailed)**

\_\_\_ **Check No.** \_\_\_      \_\_\_ **M.O. No.** \_\_\_      \_\_\_ **Cash**      **Amount \$** \_\_\_\_\_