



Playground Information Sheet

(must be turned in before first day of summer playground)



Parents should complete this form and return it to: Recreation Dept.
3805 S. Casper Dr.
PO Box 510921
New Berlin, WI 53151-0921

1st Child's Name: _____ Date of Birth: _____
First Last

Boy Girl

Does your Child have any Illnesses, Medications, Physical Limitations, or Allergies that would impact their ability to participate in this program? Yes No T-Shirt Size (circle one) Y-Small Y-Medium Y-Large Adult-specify size

If Yes, Please Describe: _____

2nd Child's Name: _____ Date of Birth: _____
First Last

Boy Girl

Does your Child have any Illnesses, Medications, Physical Limitations, or Allergies that would impact their ability to participate in this program? Yes No T-Shirt Size (circle one) Y-Small Y-Medium Y-Large Adult-specify size

If Yes, Please Describe: _____

FAMILY INFORMATION:

Home Address: _____

City: _____ State: _____ ZIP: _____

Mother/Guardian Name: _____ Cell Phone#: _____

Father/Guardian Name: _____ Cell Phone#: _____

Home Phone#: _____ Email: _____

Person Other Than Parent/Guardian to be contacted in Case of Emergency:

Name: _____ Cell Phone#: _____

Person Responsible for Picking Up Child:

Name: _____ Cell Phone#: _____

Can your child be photographed? Yes No (If Yes, please also sign Photo Release on reverse of this form.)

Parent/Guardian Signature: _____ Date: _____



City of New Berlin Photo Release Form

I hereby grant the City of New Berlin permission to use my likeness in a photograph in any and all of its publications including website entries, social media entries or print publications without payment or any other consideration in perpetuity. I understand and agree that these materials will become the property of the City of New Berlin and will not be returned.

I hereby irrevocably authorize the City of New Berlin to edit, alter, copy, exhibit, publish or distribute this photo for the purposes of publicizing the City of New Berlin's programs and activities or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product including written or electronic copy wherein my likeness appears. Additionally, I waive my right to royalties or other compensation arising or related to the use of the photograph or image.

I hereby hold harmless, release and forever discharge the City of New Berlin, its officers, agents, insurers and assigns from all claims, demands, actions, causes of action which I, my heirs, representatives, personal representatives, administrators or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am 18 years of age or older and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning and impact of this release. I agree to indemnify and hold harmless the City of New Berlin from any and all losses, claims, expenses, suits, costs, demands and damages or liabilities, including actual attorneys fees arising on account of personal injury, death or property damage of any nature whatsoever and by whomsoever made arising out of the photographic image referred to herein or its use and publication.

Name Printed

Signature

Date

Address

Phone No.

If the person signing this release form is under the age of 18 there must be the consent of a parent or legal guardian as follows:

I hereby certify that I am the parent or legal guardian of named above and hereby give my consent without reservation to the foregoing on behalf of this person.

Name Printed of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date

