



# Walworth Jt. School District Community Programs Registration Form

Adult Registrant or Parent/Guardian: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Email: \_\_\_\_\_ Preferred Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Event: **Makerspace: Choice Night**      Grade Level (Circle One):    **K**    **1**    **2**      Cost: **\$5**  
Method of Payment (Circle One):      Cash      Check      Credit Card

**INSURANCE LIABILITY WAIVER** Please read this form carefully and be aware that in registering yourself or your minor child/ward for participation in Walworth Jt. School District's Community Programs, you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of the program(s). "I recognize and acknowledge that there are certain risks of physical injury to participants in programs and I agree to assume the full risk of any such injuries, damages or losses regardless of severity which I or my child/ward may sustain as a result of participating in any activities connected or associated with any such program." "I agree to waive and relinquish all claims I or my child/ward may have as a result of participating in the program against the Walworth Jt. School District #1 and its officers, agents, servants and employees." "I do hereby fully release and discharge the Walworth Jt. School District #1 and its officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by me or by my child/ward and arising out of, connected with, or in any way associated with the activities of any of the program(s)." "I have read and fully understand the above release and waiver form."

**PHOTO POLICY** Participants or their parents (if participant is under 18) permit the taking of photos, audio and videotapes during Walworth Jt. School District's Community Programs activities for publication and use as the Walworth Jt. School District #1 deems necessary.

**REFUNDS** We make every effort to expand class size or add classes to accommodate the demand for our programs. If we do not have room in our programs for you, we will notify you and issue a full refund. All refunds, when requested by the participant prior to the start of the program, will be assessed a \$5.00 processing fee to help offset costs. Generally, there are no refunds once a program has begun or two weeks prior to a bus trip. Certain cases require exceptions and will be dealt with on an individual basis.

Special Requirements/Comments: \_\_\_\_\_

***I have carefully read the insurance waiver and understand a signature is required of participant or parent/guardian if under 18.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For questions on this program please contact: [caitlin.dowden@walworth.k12.wi.us](mailto:caitlin.dowden@walworth.k12.wi.us)

Please Drop Off in Envelope or Mail To:      Community Programs  
Walworth Jt. School District  
121 Beloit St  
Walworth, WI 53184