

Wauwatosa School District - Recreation Department
11324 W. Center Street
Wauwatosa, WI 53222



Phone: 414-773-2900
Fax: 414-773-2920
www.tosarec.com

Winter Stay-IN Camp!



December 28 - December 30, 2020

7:30am-5:30pm



Grades K4 - 6

Need a break from your parents during the long winter vacation? Hang out with Wauwatosa Recreation! You may register for the whole three days or one day at a time. Participants will do arts and crafts, games, swimming, movies and special activity instructors that will do Science, Karate and Art activities. The last day we will make mini gingerbread houses. A parent letter including lunch needs, health and safety waivers, etc. will be mailed to enrollees after registration. A limited number of spots are available so register now!

Monday - Wednesday, 12/28 - 12/30 \$125

Activity#: 254800-00

Monday, 12/28 \$45
Art with Young Rembrandts

Activity #: 254800-01



Tuesday, 12/29 \$45
Wacky Winter Science Show
with Mad Science

Activity #: 254800-02

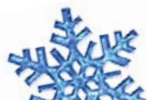
Wednesday, 12/30 \$45
Karate with Blake Belt
Leadership Academy

Activity #: 254800-03



Pick Up/Drop Off - Longfellow Middle School
North Parking Lot Entrance (Door N1)

**Register NOW Online at www.tosarec.com
or mail, fax, drop off form on back.**



Recreation Department Registration & Waiver Form

One household only – Please print clearly in ink.

Each adult participant must sign below. The signature of a parent or legal guardian is required for youth registration.

I, the undersigned or parent/guardian of the individual(s) named below, do hereby agree to indemnify and hold harmless the Wauwatosa School District and its employees, officers and agents from and against any and all liability resulting from participation in the activities listed below. I understand that the program(s) in which I am enrolling, like all activity programs, has some inherent risk, for which I agree to assume the liability. Furthermore, the individuals named herein are in good physical health appropriate for the activities in which they will be participating. I understand that the Wauwatosa School District does not provide accident insurance.

Signature (Participating adult OR parent/guardian of minors listed below) _____ Signature (Participating adult #2) _____

Household Information

Name(s) of Head(s) of Household: _____ Email _____

Address _____ City _____ ZIP _____

Home Phone _____ Work Phone _____ Cell Phone _____

Office Use Only

\$ _____

Date _____

Initials _____

Please list more than one choice of a class. If your first choice is filled, we will try your second choice. If both are filled, we will contact you.

Program Choice	Class Name	Activity Number	Participant's Name (Include First, MI and Last Name)	Date of Birth	Grade 2017-18	School	Fee
1 st Choice		____-____-____	Name: _____ ☐ Male ☐ Female				\$ _____
Alternate		____-____-____					
1 st Choice		____-____-____	Name: _____ ☐ Male ☐ Female				\$ _____
Alternate		____-____-____					
1 st Choice		____-____-____	Name: _____ ☐ Male ☐ Female				\$ _____
Alternate		____-____-____					
1 st Choice		____-____-____	Name: _____ ☐ Male ☐ Female				\$ _____
Alternate		____-____-____					
1 st Choice		____-____-____	Name: _____ ☐ Male ☐ Female				\$ _____
Alternate		____-____-____					

Special considerations (medical, physical): _____ ☐ My child will need physical assistance and/or additional supervision to participate.

MasterCard VISA _____ exp. Date ____/____/____ on back _____ Cardholder's Signature _____

Fax to: (414)773-2920 OR Mail to: Wauwatosa Recreation Department, 12011 W. North Avenue, Wauwatosa, WI 53226 Make all checks payable to Wauwatosa Recreation Department.

Please note: For program promotion purposes, photographs may be taken of participants. If you do not wish to have your photo taken, please notify the photographer or instructor.