

Spring Break-Out Camp

March 23 - March 27, 2020

8:00am-5:30pm

Grades 2 - 7

Need something to do during your week-long Spring Break?! Hang out with Wauwatosa Recreation! Grab your friends and make new ones as we visit a number of fun and interactive attractions! All transportation and admission fees are included. You may register for the whole week or one day at a time. See our schedule for the week, below, and short descriptions of the daily activities. A more detailed schedule 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!

Pick Up/Drop Off - Fisher Gym (120th & North)

Monday – Friday, 3/23 - 3/27 \$240 Activity #: 354900-00
Includes all attractions below.

Monday, 3/23 \$50 Activity #: 354900-01
Swimming @ Timber Ridge, Lake Geneva

Tuesday, 3/24 \$50 Activity #: 354900-02
Tour & Movie @ Discovery World, Milwaukee
How Maple Syrup is made @ Schlitz Audubon, Bayside
Ice Cream Toppings Bar

Wednesday, 3/25 \$50 Activity #: 354900-03
Big Foot Ropes Course, Wisconsin Dells
Go Karts & More @ Knuckleheads, Wisconsin Dells

Thursday, 3/26 \$50 Activity #: 354900-04
Make Your Own Cheesehead @ Foamation Inc, Milwaukee
Stone Fire Pizza, New Berlin
Swimming @ Longfellow Pool, Wauwatosa

Friday, 3/27 \$50 Activity #: 354900-05
Rockin' Jump Trampoline, Brown Deer
Bowling @ Village Bowl, Menomonee Falls
Painta 12 x 12 Canvas @ Just Kiln' Time, Menomonee Falls
Frozen Yogurt @ Smart Cow, Menomonee Falls



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

Recreation Department Registration 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.

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

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
1st Choice		--	Name: <input type="checkbox"/> Male <input type="checkbox"/> Female				\$
Alternate		--	<input type="checkbox"/> Male <input type="checkbox"/> Female				
1st Choice		--	Name: <input type="checkbox"/> Male <input type="checkbox"/> Female				\$
Alternate		--	<input type="checkbox"/> Male <input type="checkbox"/> Female				
1st Choice		--	Name: <input type="checkbox"/> Male <input type="checkbox"/> Female				\$
Alternate		--	<input type="checkbox"/> Male <input type="checkbox"/> Female				
1st Choice		--	Name: <input type="checkbox"/> Male <input type="checkbox"/> Female				\$
Alternate		--	<input type="checkbox"/> Male <input type="checkbox"/> Female				
1st Choice		--	Name: <input type="checkbox"/> Male <input type="checkbox"/> Female				\$
Alternate		--	<input type="checkbox"/> Male <input type="checkbox"/> Female				

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.