

American Sign Language
Tuesdays, March 30 – April 27
Tonganoxie Middle School Spanish Room

Participant's Name _____

Address _____ Phone _____

City _____ Zip _____

Would you like to join our Online Newsletter Group?

YES NO Already a Member

Email Address _____

Please make checks payable to: TRC

Program Fee: \$25 / 6 classes

I hereby state that I understand and agree with the above described activity and policies, and that the above said individual has no physical, mental, or emotional conditions which would prevent him/her from fully participating in such activity, or would make him/her susceptible to injury from such participation. I further state that I hereby release the Tonganoxie Recreation Commission & U.S.D 464, their employees, volunteers, or agents from any claim that the said individual might have, or others may have, for injury that he/she might sustain during his/her participation in such activity. Please notify the Tonganoxie Recreation Commission if special accommodations may be needed for the above said individual to participate in the described activity.

SIGNATURE: _____ **DATE** _____