

General Registration Form

Youth, Adult & Family Classes & Activities

Participant's Name _____

When all participants are registering for the same activities, you may use 1 form; otherwise please use 1 form per participant.

Address _____ Phone _____

City _____ Zip _____ Age (if under 18) _____

Would you like to join our Online Newsletter Group?

YES NO Already a Member

Email Address _____

<u>Class Title</u>	<u>Start Date</u>	<u>Fee</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL _____

Please make checks payable to: TRC

Adult Participant/Parent/Guardian: 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, 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. I also state that if I am not present and an emergency arises I authorize medical attention to be administered. 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** _____

Guardians:

Please detail who will be picking your child up or what other arrangements you have planned for their departure. If picking them up, please do so from the classroom.

Return form with payment to TRC 525 E. 4th St, P.O. Box 479 Tonganoxie, KS 66086.

There is a night drop in the front door for after hour registrations.