

MAKE CHECKS PAYABLE TO: Emporia Recreation Commission or ERC

MAIL COMPLETED FORM:

Emporia Recreation Commission
313 West 4th
Emporia, KS 66801

Class Name	Date/Session/Time	Participants Name	Sex	Date of Birth	Grade	Fee
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

TOTAL \$ _____

School _____

YOU WILL NOT RECEIVE ANY ADDITIONAL NOTIFICATION ON THESE CLASSES UNLESS THEY ARE CANCELLED. PLEASE KEEP A RECORD OF TIMES AND DATES OF CLASSES IN WHICH YOU ARE ENROLLED.

WAIVER STATEMENT

The undersigned states that he/she understands that the Emporia Recreation Commission is not and shall not be responsible for or liable for any illness or injury to person or damage to property resulting from the programs in which the undersigned is enrolling the above participants in, and the undersigned hereby forever releases and holds harmless the said Emporia Recreation Commission from any and all claims of any kind that the enrolled or his/her heirs, executors, administrators or assigns may have or claim to have resulting from his/her participation in said programs. Also, the undersigned waives any and all claims that he/she or his/her heirs, executors, administrators or assigns may have or claim to have resulting from a photograph (Digital, Black/White or Color) taken of said person while participating in a program.

Signature of person registering participant Date

PLEASE PRINT Adult Name Home Phone Work Phone Cell Phone

Home Address City State Zip