

# SUMMER S'CAPE REGISTRATION FORM 2018

MAKE CHECKS PAYABLE TO  
Emporia Recreation Commission or ERC

CIRCLE LOCATION

WALNUT

RIVERSIDE

**First and Last Name of  
Participants**

**Sex**

**Date of Birth**

**Grade  
2017 - 2018**

**Age**

\_\_\_\_\_

**WAIVER STATEMENT**

The undersigned states that he/she understands that the Emporia Recreation Commission/Sponsors 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 and Sponsors 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, administration or assigns may have or claim to have resulting from a photograph (black/white or color) taken of said person while participating in a program.

\_\_\_\_\_  
Signature of person registering participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
**PLEASE PRINT Adult Name**

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**Authorized Pick-Up List**

1. \_\_\_\_\_ Phone: \_\_\_\_\_
2. \_\_\_\_\_ Phone: \_\_\_\_\_
3. \_\_\_\_\_ Phone: \_\_\_\_\_
4. \_\_\_\_\_ Phone: \_\_\_\_\_
5. \_\_\_\_\_ Phone: \_\_\_\_\_

\*Your child will only be allowed to be picked up by the persons on the list. The signature of a parent or guardian is required if someone not on the list will be picking up the participant.

**SUMMER S'CAPE 2018 DATES**  
**May 29th, - July 27th, 2018**  
**Monday through Friday**  
**7:30 am - 5:30 pm**

The first 60 paid each week only guarantees your spot for that week. If you want a guaranteed spot, you must pay in advance and be one of the first 60 paid!

Please indicate the weeks that your child is enrolling for. You are only guaranteed for the weeks that you are the first 60 paid.

| <u>Week</u> | <u>Dates</u>    | <u>Attending Full Time</u><br>(Check all that apply) | <u>Attending Part Time</u><br>(Check all that apply) | <u>Amount Pd</u><br>(Office use only) |
|-------------|-----------------|--|--|---------------------------------------|
| 1           | May 29 - June 1 | _____  | _____  |                                       |
| 2           | June 4 - 8      | _____  | _____  |                                       |
| 3           | June 11 - 15    | _____  | _____  |                                       |
| 4           | June 18 - 22    | _____  | _____  |                                       |
| 5           | June 25 - 29    | _____  | _____  |                                       |
| 6           | July 2- 6       | _____  | _____  |                                       |
| 7           | July 9 - 13     | _____  | _____  |                                       |
| 8           | July 16 - 20    | _____  | _____  |                                       |
| 9           | July 23 - 27    | _____  | _____  |                                       |

We will be closed on Wednesday, July 4th!!!!