

PLEASE PRINT Adult Name _____ Home Phone _____ Work Phone _____ Cell Phone _____

Home Address _____ City _____ State _____ Zip _____

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
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

School: _____ TOTAL \$ _____

MAKE CHECKS PAYABLE TO: Emporia Recreation Commission or ERC
or **Credit Card info:** MC? Visa? Discover? Your name: _____
Credit card number: _____ exp. date: _____
Cardholder's Signature: _____



How did you hear about this program?
Web Site Radio Newspaper Brochure Flyer Friend Email Newsletter
Participated Last Year Other _____

Would you like to receive email newsletters of upcoming events? Provide us your email address and we will add you to our mailing list. **Email Address (optional)**

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/sponsors are 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, administrators or assigns may have or claim to have resulting from a photograph (Digital, Black/White, Color, and Internet) taken of said person while participating in a program.

Signature of person registering participant _____ Date _____