

Shell Rock's Fall Session 2008 Rockin' Recreation Registration

Participant's Information

Name _____ Today's Date _____
Address _____ City _____ State/Zip _____
Home Ph# _____ Birth date(If relevant): _____ Grade(if relevant) _____ E-mail Address: _____

Fall Session (Sept.-Oct.-Nov.) YOUTH classes- please CIRCLE activities to register

Covered by one-time \$15.00 Fall Session Recreation Fee:

Hobby Time, Sand Volley Ball, Basketball, Food and Fitness, Rockets Away, Start Your Own Seedlings, Fossil Digging, Babysitting Clinic, Art Explorations, Calligraphy, and Wreath Decorating.

Activities require a fee in addition to the one-time \$15.00 Fall Session Fee:

Golf Lessons, Jewelry Making, Fizz Art, Easy Artisan Breads, Tie Dying, Stepping Stones, Hand Built Pottery, Nature's Cement Bird Baths, & Holiday Card Making.

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Fall Session (Sept.-Oct.-Nov.) ADULT classes- please CIRCLE activities to register

Covered by one-time \$15.00 Fall Session Recreation Fee:

Creative Writing for Pleasure or Profit, Hobby Time, Belly Dancing, Art Explorations, Co-Ed Slow Pitch Softball, Sand Volleyball, Basketball, Calligraphy, Co-Ed Basketball, Wreath Decorating, and Fossil Digging.

Activities require a fee in addition to the one-time \$15.00 Fall Session Fee:

Golf Lessons, Jewelry Making, Hand Built Pottery, Easy Artisan Breads, Stepping Stones, Nature's Cement Bird Baths, Holiday Card Making, and Tie Dying.

The Recreation Department reserves the right to cancel or consolidate classes depending on class registrations.

Guardian or Parent's Information

Name _____ Today's Date _____
Address _____ City _____ State/Zip _____
Home Phone # _____ Work # _____ Cell # _____

Emergency Contact Information(if different from guardian/parent information)

Name _____ Relationship _____
Home Phone # _____ Work # _____ Cell # _____

I give Shell Rock's Parks and Recreation Program permission to display photos taken of my child during the Rockin' Recreation activities my child participates in for publicity of the Program. (Circle) Y N

Does your child have any medical conditions, medical history, or behaviors that we need to know about? _____

Is your child on any medications? If so, what are they? _____

Is your child allergic to any medicines that may be given in an emergency situation? _____

I give my permission for the child listed above to participate in the Shell Rock Rockin' Recreation Activities. In case of an emergency, I give my permission for my child to be treated or hospitalized at the nearest emergency medical facility by the health care provider or physician selected by the instructor as required by the injury or emergency setting. Every effort to contact me will be made as soon as possible. I waive, as the parent, guardian, or custodial agent, any claim of liability I or my child may have against the Shell Rock Rockin' Recreation Program, its volunteers, and the City of Shell Rock, in regard to any injury or damage that may occur while my child is attending or participating in this activity except for gross misconduct negligence.

Parent or Legal Guardian's Signature _____ **Date** _____