

***Crazy Creatures***  
***Tuesday, February 7***  
***Class meets in the T.E.S. Art Room***

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Age \_\_\_\_\_

Would you like to join our Online Newsletter Group?

YES    NO    Already a Member

Email Address \_\_\_\_\_

**Program Fee: \$15**

**Make Checks payable to TRC / Mailing address: P.O. Box 479 Tonganoxie 66086**

**PARENT or 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** \_\_\_\_\_

**Please return registration form with payment to**  
**Tonganoxie Recreation Commission**  
**P.O. Box 479**  
**521 E. 4<sup>th</sup> Street**  
***Tonganoxie, KS 66086***

There is a night drop in the door for after hour registration