

Art Club-Operation: Installation

Wednesdays, Oct. 10 (4/5); Oct. 24 (2/3); Nov. 7 (K/1)

Class will be held in the TES Art Room

Name _____ Grade _____ Phone _____

T.E.S. Teacher's Name _____ Address _____

City _____ Zip _____ Email _____

Would you like to join our Online Newsletter Group? Yes No Already a Member

Do you reside in or own property in the USD #464 School District? Yes No

Resident Fee: \$10 Non-Resident: \$12

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.

Guardian's Name _____ SIGNATURE: _____ DATE _____

Please return registration form with payment to TRC

Mail to: Tonganoxie Recreation Commission; P.O. Box 479; Tonganoxie, KS 66086

Deliver to: 521 E. 4th Street; Tonganoxie