

Spanish
TES Library Classroom

Participant's Name _____ Phone _____

Is the participant 18 years of age or older? _____ Age if under 18 _____

Address _____ City _____ State _____ Zip _____

Email Address _____

Do you reside in or own property within the USD #464 school district? Yes No

Would you like to receive our monthly Newsblasts via email? Yes No Already a Member

Program Fee: \$30/\$36 (resident/non-resident)

Please make checks payable to: TRC

Adult: 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 & U.S.D 464, 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. 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 Tonganoxie Recreation Commission
521. E. 4th Street or mail to P.O. Box 479
Tonganoxie, KS 66086