

**Spring Training**

Wednesdays, April 4-25 3:30-4:30PM

Name \_\_\_\_\_ Age \_\_\_\_\_ Phone \_\_\_\_\_

TES 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: \$20 Non-Resident: \$24**

**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  
Mail to: Tonganoxie Recreation Commission; P.O. Box 479  
Deliver to: 521 E. 4<sup>th</sup> Street; Tonganoxie, KS 66086**