

Stretch N Grow

City Council Chambers; Thursdays @ 11AM

Participant Name: _____ Phone: _____

Address: _____ City: _____ State: _____

Email Address: _____

Would you like to join our Online Newsletter Group? YES NO Already a Member

Do you reside within or own property within USD #464? Yes No

Fee: \$30 per month This is a monthly program. You must pre-register every month.

January 4-25 February 1-22

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, 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 to
TRC P.O. Box 479 521 E. 4th Street Tonganoxie, KS 66086
www.tongierec.org 913.845.3502
“Creating Community through Parks, People & Programs”