

**iMath Spring Fling**  
**April 9-11**  
*Class will be held at TES*

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