Parent Nam	e:							
Address:								
Вох:	City:		Zip:					
Home Phone	e:	O Phone	e:					
Email:				Volu	nteer	(circle):	Head	Asst.
Shirt Size (if	program calls for it):	XS YS YM YL YX	(L AS AM AL XI	L XXL	Mal	e or Fem	ale	
	Participant Name	<u>Activity</u>	Date/Time		<u>Fee</u>	Age/Curro	ent Grade	
								_
								_
								_

Out of District Fee is \$5.00 for each activity

To Enroll Online registration is available at <u>www.cheneyrec.com</u>, or print this form. Fill out the enrollment form and return it with payment to the Cheney Recreation Commission, PO Box 306, Cheney, KS 67025 or drop it off anytime at the CRC drop box at 223 E. South Ave.. Due to large number of enrollments, you will not be sent confirmation. Classes will meet as scheduled unless notified otherwise. Scholarships available to those in need. Call the Cheney Recreation Commission at 542-0010 for more information.

Liability Waiver for Participation

In consideration of your accepting this entry, I understand that the program for which I or my child intends to participate may have some inherent risk of injury because of the activity. As a participant (or on behalf of my child), I agree that the Cheney Recreation Commission & USD #268 and their employees and representatives shall not be held responsible for any illness or injury to person or damage to property resulting from my (or my child's) participating in a CRC program. I further grant permission for CRC to use my (or my child's) photo or video for promotional purposes. I hereby, for myself, my child, my heirs, executors and administrators, waive and release any and all rights and claims for damages my child or I may have against Cheney Recreation Commission, City of Cheney, or USD #268, and its representatives, successors and assigns for any and all injuries suffered by myself or my child at any activities sponsored by these groups. I understand I am responsible for my (and my child's) own medical insurance. Parent or Legal Guardian **must** sign for any child, 18 & under, entering the program.

Parent/	'Guardian	Signature:
i ai ciic,	Guaraian	Signatarer



Date: ____