

2017  
SUMMER

# Summer Academy Classes

Register Online

www.rrecreation.com

## Registration Form

Participant First Name: \_\_\_\_\_ Participant Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade (Fall of 2017): \_\_\_\_\_ Gender (Circle): Male or Female

Email Address (Confirmation will be delivered by email only): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Medical Conditions/Allergies: \_\_\_\_\_

I, initial understand that transportation is NOT provided and I am responsible for making arrangements for getting my child to class and picking them up after classes end. I understand that classes are offered at the CWC campus and Jackson Elementary. I understand that my child is required to be in attendance in a class in order to be on campus.

Class Name	Dates	Times

I, initial parent/guardian, hereby give permission for CWC to use the likeness of my child for promotional purposes, such as newsletters, flyer's, etc.

I, initial parent/guardian, hereby give permission for any and all medical attention to be administered to my child in the event of accident, injury, sickness, etc. under the direction of CWC, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment. In consideration for the acceptance of my child's entry, I hereby, for myself, my child, and my heirs, waive and release any and all rights and claims for damages I or my child may have against Central Wyoming College and their representatives and assigns for any and all injuries suffered by myself or my child at any activity sponsored by Central Wyoming College.

I understand that during an activity, my child's conduct directly affects the good order and safety of the group. I expect my child to exhibit conduct, and behave in accordance with their regular school rules. I agree that acts such as using tobacco, speaking with profanity, consuming intoxicating drugs or beverages, fighting or stealing cannot be tolerated. I agree to be financially responsible for any loss, damage, loss or use, or costs to persons or property caused by the actions of my child. If, at the sole discretion of the registered adult leader on an activity, my child's acts or continual behavior and conduct violates school rules and regulations, **I understand that I will need to make immediate arrangements to pick up my child from CWC and that my child will be suspended from all remaining program sessions**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For information call Mary Axthelm at 307-855-2015 or Jamie Nelson 307-855-2190

Mail form to 'R' Recreation/CWC, 2660 Peck Avenue, Riverton, WY 82501

Drop off at CWC Pro Tech Bldg, #102, 8am-5pm weekdays or use the convenient drop-box