2018
SPRING
Register Online
www.rrecreation.com

R town kids activities

hosted by: CENTRAL *Wyoming* COLLEGE

| Registration Form |

Participant Name:_____

Address: _____ City:_____ State:_____ Zip:_____

Date of Birth: _____   Grade *(Current)*: _____ or NA   Gender *(Circle)*: Male or Female

Email Address: _____ Phone Number: _____
(Confirmation will be delivered via email only)

Parent/Guardian Name: _____ Phone Number: _____
(If participant is under 18, please provide us with a parent/guardian name and phone number)

Emergency Contact: _____ Phone Number:_____
(Only required if you are the participant and/or different from parent/guardian information)

Class Name	Dates	Days	Times	Location	Cost

I,_____*Initial*_____ participant and/or parent/guardian, hereby give permission for CWC to use the likeness of myself and/or child for promotional purposes, such as newsletters, flyer's, etc.

I,_____*Initial*_____ participant and/or parent/guardian, hereby give permission for any and all medical attention to be administered to myself and/or child in the event of accident, injury, sickness, etc. under the direction of CWC. I also assume the responsibility for the payment of any such treatment. In consideration for the acceptance of myself and/or 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, myself and/or child's conduct directly affects the good order and safety of the group. I expect myself and/or child to exhibit conduct, and behavior in accordance with institutional 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 myself and/or child. If, at the sole discretion of the registered adult leader on an activity, myself and/or child's acts out continual behavior and conduct violates institutional rules and regulations, I understand that myself and/or my child's opportunity to participate will be terminated and arrangements will need to be made to leave the program and facility at such time.

Participant or Parent/Guardian Signature: _____ Date: _____

More Information
Mary Axthelm at 307-855-2015, Jamie Nelson 307-855-2190 or email rrecreation@cwc.edu
Mail form and full payment to 'R' Recreation/CWC, 2660 Peck Avenue, Riverton, WY 82501 *(Registrations are not accepted without full payment)*
Drop off at CWC Pro Tech Bldg, #102, 8am-5pm weekdays or use the convenient drop-box