

# 2019/2020

Register Online

www.rrecreation.com



**Form of Payment** *(Circle)*

Cash      Check

Check # \_\_\_\_\_

Amount Paid: \_\_\_\_\_

## SPECIAL INTERESTS | Registration Form

Participant Name: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ or NA      Gender *(Circle)*: Male or Female

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

*(Confirmation will be delivered via email only)*

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

Class Name	Dates	Days	Times	Location	Cost
K9 Nose Work Demonstration	September 28	Saturday	10-11:30am	CWC Main Hall, Room 181	FREE (must register)
Hunter Safety	February 3-20 <i>(No Class 2/17)</i> Field Day Feb 22	Mon.-Thurs.  Saturday	6:30-9:30pm class times	CWC Health & Science Bldg., Room 100	\$16

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: \_\_\_\_\_