

ERC's Be Creative: Students will create a variety of drawings, paintings, and other craft projects in four art sessions.

Registration Deadline: June 7, 2023

Fee: \$20.00

Dates: Every Wednesday starting June 14th

through July 5th

Location: ERC's Activity Room **Grade:** Preschool to Kindergarten

Cash Check Credit Name:

Time: 2pm-3pm **Max of 12 students

Print Childs Name:



Address:	
DOB: Grade:	
Print Father's Name	Ph
Print Mother's Name	Ph
Emergency contact: (Other than parent/legal guardian)	
Name	Ph
List medical conditions if any:	
Please Return Form to: Ellis Recreation Comm Kansas 67637 OR the Drop Boxes located in the S	
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CONSENT FOR EMERGENCY MEDICAL AND DENTAL CARE: I appoint the ERC staff, instructors, and volunteers as my agent and representative for the purpose of authorization of emergency medical and dental treatment deemed necessary by duly credentialed physician, dentist, or health care provider. My consent author izes ambulance service, admission to a hospital, examination (to include X-rays), anesthesia, the use of drugs and medication, and necessary surgery recommended by such medical personnel for the purpose of saving life to reduce further injury and harm. I acknowledge that payment of such medical treatment is my obligation and that such treatment will be sought only in the event of an emergency. WAIVER RELEASE STATEMENT: As a participant in this program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including loss of life, damages or loss which I may sustain as a result of participation in any and all activities connected with or associated with such program. I further agree t waive and relinquish all claims, full release and discharge and agree to indemnify and hold harmless and defend the ERC and its officers, agents, servants, and employees from any and all claims resulting from injuries, including loss of life, damages, and losses sustained by me and arising out of, connected with, or in any way associated with the activities of the program. The undersigned and participant authorize the ERC to use at its discretion any photograph (s) taken of the participant while participating in any activity and waive any and all claims that the participant or the undersigned or their heirs, executors, administrators, or assigns may have or claim to have resulting from such photograph (s) or reproductions thereof. WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19 In consideration of being allowed to participate on behalf of Ellis Recrea tion Commission athletic program and related events and activities, As a participant in this pro
I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.
Name of participant:
Participant signature:
Date signed:
FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION) This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in these waiver/release to my child/ward including the risks of presence and participation and his her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.
Name of parent/guardian:
Parent guardian/signature:
Date signed: Parent Email:

REGISTRATION DEADLINE June 7, 2023