Gingerbread House

Making your own gingerbread house is such a fun holiday tradition! The Rec. provides the materials and leaves the creating up to you. The mini gingerbread houses are made using graham crackers, frosting and decorative treats.

D a a-i a 4 a 4-i a	Daadlina	December 3.	2025
Negisti ation	Deauille:	December 5.	2025

Fee: \$12.00

Ages: Preschool – 6th Grade

Date/Time : Dec 16th @ 3:45pm...(max. 12 kids)

Dec 17th @ 3:45pm...(max. 12 kids)

(Adults required to stay & assist their PreK & under!)

Location: Ellis Recreation Activity Room

Print Childs Name:		
Address:	City:	
Grade:		
Print Father's Name	Ph	
Print Mother's Name	Ph	
Emergency contact: (Other than	n parent/legal guardian)	
Name	Ph	
List medical conditions/allergies	s if any:	
	Recreation Commission, 1204 Washington oxes located in the Schools. Phone: (785) 726	

use of drugs and medication, at of saving life or to reduce furth my obligation and that such tre LEASE STATEMENT: As a risks of physical injury and I ag loss which I may sustain as a resuch program. I further agree to demnify and hold harmless and and all claims resulting from in out of, connected with, or in an participant authorize the ERC to pating in any activity and waiv utors, administrators, or assign tions thereof. WAIVER OF I ING COVID-19: In consideration at the participation includes post of MRSA, influenza, and COV risk of serious illness and death RISKS, both known and unknown or others, and assume full respond customary terms and condition on the participation and I and on behalf of my heirs, assign HOLD HARMLESS Ellis Reciparticipants, sponsoring agenciated to conduct the event "REITY, DEATH, or loss or damaging the sike of the participants, or loss or damaging the conduction of the sevent "REITY, DEATH, or loss or damaging the sike of the participants of the sevent "REITY, DEATH, or loss or damaging the sike of the participants of the sum of the	ice, admission to a hospital, examination (to include X-rays), anesthesia, the and necessary surgery recommended by such medical personnel for the purpose is injury and harm. I acknowledge that payment of such medical treatment is atment will be sought only in the event of an emergency. WAIVER RE-participant in this program, I recognize and acknowledge that there are certain gree to assume the full risk of any injuries, including loss of life, damages or esult of participation in any and all activities connected with or associated with o waive and relinquish all claims, full release and discharge and agree to inledefind the ERC and its officers, agents, servants, and employees from any juries, including loss of life, damages, and losses sustained by me and arising yawy associated with the activities of the program. The undersigned and o use at its discretion any photograph(s) taken of the participant while particie any and all claims that the participant or the undersigned or their heirs, exects may have or claim to have resulting from such photograph(s) or reproduction of being allowed to participate on behalf of Ellis Recreation Commissed events and activities, the undersigned acknowledges, appreciates, and agrees assible exposure to and illness from infectious diseases including but not limited in does exist; and, I KNOWINGLY AND FREELY ASSUME ALL SUCH www., EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES on sibility for my participation; and, I willingly agree to comply with the stated tions for participation as regards protection against infectious diseases. If, usual or significant hazard during my presence or participation, I will remove oring such to the attention of the nearest official immediately; and, I, for myselegns, personal representatives and next of kin, HEREBY RELEASE AND reation Commission their officers, officials, agents, and/or employees, other es, sponsors, advertisers, and if applicable, owners and lessors of premises LEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILge to per
I HAVE READ THIS RELEA UNDERSTAND ITS TERMS,	WISE, to the fullest extent permitted by law. SE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY REELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.
Name of participant:	
Date signed:	
Emergency Medical and Denta provisions in the COVID-19 w and his/her personal responsibicable diseases. Furthermore, myself, my spouse, and child/v leasees and myself, my spouse, leasees for any and all liabilitie ties as provided above, EVEN	of the above named participant have read and understand the "Consent for I Care" and the "Waiver Release Statement." I have read and explained the aiver/release to my child/ward including the risks of presence and participation lities for adhering to the rules and regulations for protection against community child/ward understands and accepts these risks and responsibilities. I for ward do consent and agree to his/her release provided above for all the Reand child/ward do release and agree to indemnify and hold harmless the Resincident to my minor child's/ward's presence or participation in these activity ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by icies and guidelines set forth by the ERC regarding this program.
Name of parent/guardian:	
Parent guardian/signature:	

Pd___SCH___Date____Cash Check Credit Name:



Registration Deadline December 3, 2025