

# EXPLORE YOUR WORLD REGISTRATION FORM

Ages 6-10 • July 11-14 • 8:00 - 11:00 a.m. • \$20 per person

Please Return To: Jackson City Hall, Attention: Parks & Recreation Department, 101 Court St., Jackson, MO 63755

Name \_\_\_\_\_

Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

## WAIVER FOR PARENT/GUARDIAN

In consideration of your accepting my dependent's entry, I hereby, for myself, my dependent, my heirs, executors and administrators waive and release any and all rights and claims for damages I or my dependent may have against the above park department and its representatives, successors and assigns for any and all injuries suffered by myself or my dependent at any activity sponsored by the park department.

## REFUND POLICY FOR PROGRAMS

Complete refund will be made up to two days prior to the beginning of classes. After program begins, refunds will be made only for illness, moving from area or cancellation of program. All refund requests must be made in person at the Parks & Recreation Office before the end of class.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Fee Paid \_\_\_\_\_ Received By \_\_\_\_\_ Check# \_\_\_\_\_ Cash \_\_\_\_\_