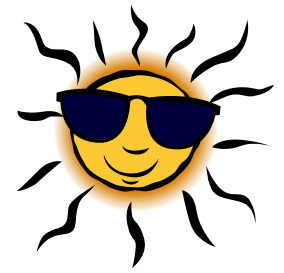


City of Independence



ART IN THE PARK

2018

These projects are for children ages **5 to 13**. Please check all the classes that you plan to attend, fill out this form & **make check payable to Creative Expressions**. **Registration is required**. For info call Nita Brake at 363-2934.

YOU MUST REGISTER & PAY ONE WEEK BEFORE THE CLASS FOR EARLY BIRD

- _____ **July 13** **Painting Baby & Mama Hippopotamus** **Child Fee: \$15 or Mommy & Me \$20**
Memorial Park – 10 to noon **Child Early Bird: \$10 –by July 6**
Mommy & Me Early Bird \$15
- _____ **July 20** **Tie- Dye T-Shirts** **Fee \$13 – Must register by**
Circle size - Youth - XS-S – M – L **July 17 to attend class**
Adult – S –M-L-XL **Early Bird: \$8 – By July 13**
Memorial Park – 10 to noon
- _____ **July 27** **Paper Mache` Balloons** **Fee \$12**
Memorial Park – 10 to noon **Early Bird: \$7 by July 20**
- _____ **August 3** **Cartoon Drawing** **Fee: \$11**
Memorial Park – 10 to noon **Early Bird: \$6 – by July 27**

Name: _____ Male _____ Female _____ Age _____

Address: _____ City _____

State: _____ Zip _____ Day Phone Number _____ Evening _____

Email address: _____

Mail to: City of Independence, Attn: Nita Brake, Parks & Recreation- 5409 Madison Pike, Independence, KY 41051

Person to notify in case of emergency

Name _____

Telephone number _____ Relationship to Child _____

Medical Consent and Waiver

I hereby authorize the City of Independence, the Recreation Staff, or their designate to treat the above participant for any injury or illness they sustain during the summer youth program. I authorize all necessary medical treatment and admission to any hospital designated by the recreation staff if advanced care (x-rays test, etc.) is required. It is understood that the patient and their parent/guardian will be notified to grant additional authorization for any special treatment or surgical procedures if necessary.

Participant Waiver

WAIVER in consideration of my entry into this summer youth program: I, intending to be legally bound, do hereby for myself, my heirs, executors, & administrators, waiver release and forever discharge any and all rights and claims for damages, including any claims for loss damages, or injury to my person or property arising out of performance or failure of performance of the City of Independence staff, or others involved in this summer youth program and assigns of the parties named above, for any and all damages which may be sustained and suffered by me in connection with my association or entry in, and/or arising out of my traveling to, participation in and returning from this summer youth program. Participant agrees to abide by any rules the recreation staff may have.

Participant signature _____ Date _____

Parent/Guardian signature _____ Date _____