



Paid _____
Check # _____
Cash _____

Student ID # _____

Student Name: _____

Address: _____

Date of Birth: _____ Grade _____ Male ___ Female ___ Phone _____

Parent/Guardian Name: _____ Phone Number: _____

Emergency Contact: _____ Phone Number: _____

Would you like us to contact you through text? YES NO Text Number: _____

Would you like to be included on an e-mail list for program information? YES NO

E-mail address: _____

SYN #	Class Name	Dates	Times	Location	Classroom	Cost

I, _____ parent/guardian, hereby give permission for CWC to use the likeness of my child for promotional purposes, such as newsletters, flyers, etc.
 Agree ___ Disagree ___

I, _____ parent/guardian, hereby give permission for any and all medical attention to be administered to my child in the event of accident, injury, sickness, etc. under the direction of CWC, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment.

In consideration for the acceptance of my 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, my child's conduct directly affects the good order and safety of the group. I expect my child to exhibit conduct, and behave in accordance with their regular school 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 my child.

If, at the sole discretion of the registered adult leader on an activity, my child's acts or continual behavior and conduct violates school rules and regulations, I understand that I will need to make immediate arrangements to pick up my child from CWC and that my child will be suspended from all remaining program sessions

Parent/Guardian Signature if participant is under the age of 18 _____ Date _____

Student Signature if over 18 years _____ Date _____

For information call Mary Axthelm 855-2015, Amara Fehring 855-2190

Mail form to 'R' Recreation/CWC, 2660 Peck Avenue, Riverton, WY 82501

Drop off at CWC Pro Tech Bldg, PT 102, 8am-5pm weekdays or use the convenient drop-box