Office Use Only
Ck#_____
Date:_____

Drumming Workshop Series For Kids

Location: Rec Center
Date & Time: Thursday Nights Starting June 30th (8 sessions) 7-8pm
Cost: $100
Ages: 8-17 yrs
Instructor: Aaron Cote

_____ _____
First Name Last Name

_____ _____
E-Mail Address Phone Number

_____ _____
Street Address Town / City

_____ _____
Emergency Contact Phone Number

Medical Information

Is there any medical condition or allergy that the Recreation Department should be made aware of?

____YES IF YES_____
(Please specify)

____NO

Drumming Series for Kids
WAIVER OF LIABILITY FORM

For participants in the Jamestown Recreation Department Drumming Series: In accordance with Section 7-6-9 of the Rhode Island General Laws (entitled "Exemption from Liability to Participants in Sponsored Athletic or Sports Events or educational Events") I hereby waive any liability that the Jamestown Recreation Department Drumming Series directors, trustees, agents, servants, or employees might have for, and agree that said association, its officers, directors, trustees, agents, servants, or employees shall not be liable for any bodily to myself while participating in the Drumming Series, sponsored by the Jamestown Recreation Department. I realize that the Town **does not** provide medical insurance and that any injuries incurred would be my/our responsibility.

_____
Signature of Parent/ Legal Guardian

Please make checks payable to Jamestown Parks and Recreation
Mail to: Parks and Recreation Registrations, PO Box 377, Jamestown RI 02835