

# Whitesboro Parks & Recreation Department December Activities

(Registration Form on Back)



## Kids' Christmas Workshop

Saturday, December 3, 2016

10 a.m. - 2 p.m.

Open to children 5-12 years

*Registration November 7 thru November 23, 2016*

Cost is \$10.00 - Seating is Limited

Children will make two gifts and Christmas decorations.

Lunch will be provided.

## Winter Camp

Monday - Wednesday

December 19-21, 2016

9 am - 12 pm

Open to children 5-12 years



*Registration November 7 through December 9, 2016*

Cost is \$15 - Seating is Limited

Children will participate in crafts and games.

Snack will be provided.

## Open Crafts and Game Time

\*\*\*FREE\*\*\*

Monday, December 19<sup>th</sup> from 12 pm - 4 pm

Wednesday, December 21<sup>st</sup> from 12 pm - 4 pm

Wednesday, December 28<sup>th</sup> from 10 am - 4 pm

Community Center will be open to all ages, no cost, and no registration. Crafting materials including paper, paints, crayons & markers, collage, beads, and craft kits will be out for public use. Board games will also be available.



Jimmie O. Rector Community Center  
400 Wilson Street, Whitesboro, TX 76273

For more information call: 903-564-5964

I am registering for:

- Kids' Christmas Workshop - \$10
- Winter Camp - \$15
- Both - \$25



Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Guardian's Name \_\_\_\_\_

Primary Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

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

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

Medical Info (food allergies or other) \_\_\_\_\_

I, hereby give my approval for the above-named to participate in the PARD Youth Sports Program. I assume all risk and do hereby waive, release and agree not to hold the City of Whitesboro, the PARD, the organizers, sponsors, supervisors, participants and persons transporting my child responsible for any injury that may be incurred while participating in the program. As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed doctor of medicine or dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent. I do hereby fully and freely consent to the use of the participant's photo for promotional purposes on both printed materials and websites. I do hereby release and hold harmless the City of Whitesboro from a liability arising out of said participant's photo in a publication, advertisement, and/or promotion.

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