

Whitesboro Parks & Recreation Department

Jimmie O. Rector Community Center

400 Wilson Street, Whitesboro, TX 76273

For more information call: 903-564-5964

Invites children ages 5-12 to join us for our

# Spring Workshop

Saturday, March 3, 2018

10:00 a.m. ~ 2:00 p.m.

Registration February 2nd - 28th

**Cost is \$10.00 - Seating is limited; lunch will be provided.**

Children will do a collaborative watercolor project under the direction of local Whitesboro artist and former art teacher Mary Ann Anderson. This project will be on display at the Shaune P. Lucas Community Art Show March 16-18 at the Jimmie O. Rector Community Center.



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 \_\_\_\_\_