

Paola Community Center Summer Enrichment

P.O. Box 367 Paola, Ks. 66071 www.paolacommunitycenter.org.

913-731-3972 913-259-3650

Registration Form (May be mailed)

Student Name _____ Age _____

Parent/Guardian (if under 18) _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____ Work _____

Join our E-mail info list. E-mail _____

Course Title	Date & Time
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Payment is due at registration. Make checks out to The City of Paola. Late enrollment fee 10.00. No make-up classes or substitutions. Transportation will not be provided.



Liability Waiver

I am giving my legal consent for myself, my child, or child in my custody to participate in the Paola Community Center Summer Enrichment Program, hereafter referred to as the PCCSEP. PCCSEP will be conducted on but not limited to the Paola Community Center, hereafter referred to as PCC, grounds owned by the City of Paola, Ursuline property and USD 368. I am responsible for my own and my child's transportation to and from all classes. I am aware that my child or children will not have supervision before or after class. I understand that the City of Paola, the PCC, the PCCSEP, the Americana Music Academy, USD 368, Ursuline Sisters, and all faculty and staff associated with the PCCSEP are not responsible for any accident(s) or theft(s) that may occur. I further specifically hereby authorize any emergency medical care, and treatment deemed necessary for my child or children while he or she is participating in the PCCSEP. Faculty or staff will make reasonable effort to contact me to seek my permission to authorize this treatment. I hereby state that I have the legal authority to give my consent for my child or children to be transported to a medical facility for the purpose of receiving medical treatment. I understand that some of the programs in the PCCSEP involve the use of tools, equipment, and activities which may cause accidents, injuries, or even death. I agree to conduct myself in a safe manner and follow all instructions, and or instruct my child or children accordingly. I give the PCCSEP and the PCC permission to use any photographic or video media of me or my children obtained throughout the program for future public relations and promotions for the PCC and the PCCSEP.

Student(s) Printed Name _____

& Signature _____

Signature Parent/Legal Guardian _____

Emergency Phone _____

Non-Parental Emergency Contact _____ Phone _____