

2009
TROY RECREATION DEPARTMENT'S

BATON LESSONS
JUNE 15-JULY 20

MONDAYS

(MUST FURNISH OWN BATON)

HELD AT LINCOLN COMMUNITY CENTER

_____Ages 10-14, 9:30-10:30 a.m.

_____Ages 7-9, 10:30-11:00 a.m.

_____Ages 5-6, 11:00-11:30 a.m.

Participant's Name _____ Male/Female

Address _____ Phone _____
(street)

_____ Zip _____
(city)

Birthdate _____ Age _____

Allergic to any medication? _____

Doctor's Name _____ Phone _____

Emergency call _____ Phone _____
(neighbor or relative)

Parent's Name _____

E-Mail Address _____

WAIVER AND RELEASE

We, the undersigned being fully aware of the dangers inherent to the sport of Baton, do give permission for our son/daughter to participate in the above program. We do hereby expressly waive any and all claims and rights of whatever nature, which may arise against the City of Troy, Troy Recreation Department, Troy Recreation Director, instructors, the supervisory staff, or their agents or servants, as a result of injuries incurred by our child while participating in this program. I grant and give the City of Troy the right to use my or my child's photograph or image, with or without my or my child's name, both individually and in conjunction with other persons or objects for any and all purposes included, but not limited to, private or public presentations, advertising, publicity and promotions.

Date _____ Signature _____
(parent or legal guardian)

REGISTRATION FEE: \$16.00 _____ PAID

REFUND POLICY: Department will make program refunds for the following:

1. If the program is cancelled by the department.
2. If the registered participant moves out of town before the program starts.
3. If the registered participant becomes ill before the program starts and furnishes a Doctor's statement.

2008
TROY RECREATION DEPARTMENT'S

BATON LESSONS

MONDAYS
NOVEMBER 3 – DECEMBER 8

(MUST FURNISH OWN BATON)

held at Lincoln Community Center

_____Ages 10-14, 6:00-7:00 p.m.

_____Ages 7-9, 7:00-7:30 p.m.

_____Ages 5-6, 7:30-8:00 p.m.

Participant's Name _____ Male/Female

Address _____ Phone _____
(street)

_____ Zip _____
(city)

Birthdate _____ Age _____

Allergic to any medication? _____

Doctor's Name _____ Phone _____

Emergency call _____ Phone _____
(neighbor or relative)

Parent's Name _____

E-Mail Address _____

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