The City of Wyoming Parks & Recreation Department's

$5 ZUMBA NITE

All proceeds will be donated to the American Cancer Society
on behalf of the Wyoming Teen Council Relay for Life Team

Mon., March 5th

6:00 - 7:15 pm

@

The Wyoming Senior Center

16+ Welcome

For questions or to register
by phone call: 530-3164

ENROLLE FIRST NAME:		ENROLLEE LAST NAME:	
ADDRESS:			BIRTH DATE:
CITY:	STATE:	ZIP:	HOME PHONE:
DAYTIME PHONE:	CELL PHONE (OPTIONAL):		**Email address allows us to**: Email receipts, class updates/cancellations, registration forms, and promotional materials. Will not be distributed or published in any way.
E-MAIL ADDRESS:			

ACTIVITY NAME	ACTIVITY NUMBER	SECTION	START TIME	DATE	FEE
ZUMBA NITE-RELAY FOR LIFE EVENT	130110	03	6:00 PM	3/5/12	$5.00

WAIVER BELOW MUST BE ACCEPTED/SIGNED TO PARTICIPATE!!

Waiver of Liability and Disclaimer: In consideration of participation in any City of Wyoming, Parks and Recreation program, I do hereby specifically waive any and all claims against the City of Wyoming, its officers, employees and all parties involved specifically the City of Wyoming Parks and Recreation Department and employees and all parties involved of that Department whether on a permanent, temporary or voluntary basis, for any and all claims for property damage and/or injury to myself or the minor or anyone claiming through me or him/her arising in any manner including but not limited to any injuries arising out of any act, or failure to act of the officers, employees and all parties involved of the Parks and Recreation Department. I further specifically assume the risk of any injury in connection with the activities in any City of Wyoming, Parks and Recreation program. I also hereby grant the City of Wyoming permission to use and display my, and/or my child's or guardian child's, likeness in photograph(s)/video in any publication, multimedia production, display, advertisement or World-Wide Web Publication for Wyoming Parks and Recreation or its constituent departments.

X_____ _____

Signature (Parent or Legal Guardian if under 18) Date

Checks may be made payable to: City of Wyoming.

Visa/Mastercard or Diner's Club Number: _____ Exp. Date: _____