



Santa's Workshop

2017 Registration Form

(Please Print Clearly)

Sunset Theatre

Saturday, December 9, 2017

Ages 3-10 8:30am-10:30am \$15.00 (SPACE IS LIMITED)

Child's Name: _____ Age: _____

Parent/Guardian Name: _____ Cell: _____

Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

E-Mail Address: _____

EMERGENCY CONTACT IF PARENT CANNOT BE REACHED:

Name: _____ Relation: _____ Phone: _____

Liability Waiver: I agree to indemnify, defend, and hold harmless the City of Asheboro, its elected and appointed officials, representatives, and any employee or agent of the City of Asheboro from any and all claims on behalf of any person, firm, corporation, or agent, arising from the participation in this activity. I certify that I understand any dangers inherent to participation in this activity/activities and further state that the named minor is physically sound enough to participate. I hereby relieve the City of Asheboro, its elected and appointed officials, representatives, and any employee or agent of the City of Asheboro from any liability that occurs by my and/or my child's participation in this program. I also grant Asheboro Cultural & Recreation Services the irrevocable right to use photos, and or likeness' of the above named participants for the promotion of it's programs and activities. I further more waive my right to inspect or approve the photographs that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and waive my right to royalties or other compensation arising from or related to the use of the photographs.

Signature (Parent/Guardian) _____ **Date:** _____

Office Use Only	
Amount Paid: _____	Payment Type: <input type="checkbox"/> Credit, <input type="checkbox"/> Cash, <input type="checkbox"/> Check (# _____)
Payment Received by: _____	Date: _____