

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 6-11 to join us for our

Spring Workshop

Saturday, March 4, 2023

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

Registration open until March 1st. Please return forms to PARD

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

Children will complete multiple art projects including a collaborative project that will be on display at the Shaune P. Lucas Community Art Show March 10-12 at the Jimmie O. Rector Community Center.

Child(ren)'s Name _____ Age(s) _____

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 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 person(s), 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. The danger of exposure to upper respiratory illness exists. By participating in recreational activities, you take full responsibility for your own protection, for the risk that you or someone in your family may contract an upper respiratory infection or other illness, and for disinfecting your hands and anything you may touch. Please do not use the facilities or participate in events if you or a member of your family has been sick..

Signature _____

Date _____