

# **Hip Hop Dance Class**

## **Thursdays – 6:00 pm**

### **Veteran's Hall**

### **411 West D Street**



**\$30 per month or 3 months for \$75**

**LEMOORE PARKS & RECREATION DEPARTMENT**

Authorization & Waiver Form - Hip Hop Dance

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Emergency Contact Name and Number \_\_\_\_\_

I realize that no medical insurance is provided for this Parks & Recreation Department sponsored program and agree to assume the risk for any injury related to my participation or the participation of my child. So I agree to make no claim against the City of Lemoore or any officers, employees, or volunteers for any injury or illness arising from this Parks & Recreation Department program.

I, undersigned, do hereby authorize the Lemoore Parks & Recreation Department to act as my agent should any medical treatment be required for my child and I understand that every attempt will be made to notify me first.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_

Received by: \_\_\_\_\_  
Amount \$: \_\_\_\_\_

Date: \_\_\_\_\_  
Month/Months \_\_\_\_\_

Receipt #: \_\_\_\_\_