2020 Paris Summer Fun Registration Form



Child's Name:	Age:

Address: Phone:

Parent's Name: Email:

Emergency Contact Name & Number:

* Limited scholarships are available to help with registration costs. Call 903–784-9266 for more information.

Activity Name	Fee	Day	Start	End	Time	Paid
			Date	Date		
All Sports Camp	\$35	Mon Thurs.	June 22	June 25	9 - 11:30 a.m.	
Archery	\$35	Mondays	June 22	July 13	10 - noon	
Camp SMILE	\$15	Mon Thurs.	June 15	June 18	9 - 11:30 a.m.	
Dazzle	\$25	Tuesdays	July 7	July 21	9 - 10 a.m.	
Golf Camp	\$35	Tuesdays	June 23	July 21	10 - 11 a.m.	
Kids in the Kitchen- Outdoors!	\$40	Wednesdays	June 24	July 22	10 - noon	
Krafty Kids	\$25	Thursdays	June 25	July 23	10 - 11 a.m.	
Martial Arts/Krabi- Krabong	\$40	Tuesdays	June 16	July 21	3 - 4 p.m.	
Martial Arts/Muay Thai	\$40	Thursdays	June 18	July 23	3 - 4 p.m.	
Project Yoga Pretzel	\$20	Tuesdays	June 23	July 21	10 - 10:30 a.m.	
See, Hear, Create	\$25	Wednesdays	June 24	July 22	9 - 10 a.m.	
Soccer Skills and Drills	\$35	MonThurs.	July 20	July 23	10 - noon	
Strings & Things	\$25	Mondays	June 22	July 20	9 - 10 a.m.	
Water Fun Fridays	Free	Fridays EXCEPT 7/3	June 19	July 24	Noon -1 p.m.	
Total						





Release of Liability and Indemnity for Minor Participants <u>Please Read Before Signing</u>

In consideration of	d related events and activities, the undersigned, on igns, personal representatives and next of kin, does Paris its officers, employees, and agents, including death, property damage, or any type of claim or expenses) resulting from Child's activities, whether participation in the Camps or the participation of the law. I, for myself, my spouse, Child, and on kin, hereby indemnify and hold harmless City from
I have explained to Child the risks associated with the Camps' activitie and regulations thereof, and I certify by my signature below that my	
I assume all risks and hazards incidental to such participation in Camp to receive first aid and/or emergency care by a qualified Emergency qualified to render medical assistance in the event Child suffers an in	y Medical Technician or physician or other person
I willingly agree to comply with the program's stated and customary any unusual significant concern in Child's readiness for participation at the participation and bring such attention of the nearest official or vo	nd/or in the program itself, I will remove Child from
COVID-19 is a contagious virus that spreads through person-to-person the most recent minimum standard health protocols issued by Toprecautions in no way guarantee infection will not occur through particles.	exas Governor Greg Abbott. I acknowledge these
I, for myself, my spouse, and Child, have read this release of liability a its terms, understand that we have given up substantial rights by s any inducement.	
Parent/Guardian SignatureD	ate
I understand that there will be media and promotional coverage of a publish Child's name and picture for such purposes. I hereby grant Cidisplay and distribute materials bearing Child's name, voice, likeness and my family members. These materials may appear in any form, stylimitation, photographs, video tapes, films, sound recordings, so electronic media). I agree that all material containing identifiable repnegatives, plates and masters of any photographs, files, prints or tapes of City. I hereby release and forever discharge City from any and all I likeness or any identifiable representation of Child. I hereby waive an materials or any part or element thereof that incorporates Child representation of Child, myself and my family. I have agreed to the atchild by City to appear in these materials.	ty the irrevocable, unrestricted right to use, publish, is or any other identifiable representation of myself yle, color or medium whatsoever (including, without ftware, drawings, prints, broadcast, internet and resentation of Child (including without limitation, all is) shall be and remain the sole and exclusive property fability and damages relating to Child's name, voice, by right I may have to inspect or approve the finished's name, voice, likeness or any other identifiable
Parent/Guardian Signature	Date