



Home School Movie Day



We will head to Emporia or Topeka to B&B Theaters to enjoy a movie to be determined closer to Spring Break and what is available. We will stop for ice cream on the way home so send extra \$ if you'd like your child to be able to purchase something! If your child would like snacks or drinks from concessions they will need \$ for that also!

WHO: Grades 2+ ; Limit of 13 unless we fill two vans
WHEN: Tuesday, May 7
TIME: TBD once movie has been chosen
FEE: \$20 Members; \$23 Non-Members; \$5 late fee
DEADLINE: Friday, May 3

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Name: _____ **Phone:** _____

Address: _____

To be added to our youth activity/event email list please provide email: _____

CONSENT TO PARTICIPATE

We, the undersigned, do hereby acknowledge that we are aware that in all sports there is the potential for injury. Some accidents could conceivably result in injuries that are very serious and/or life threatening. We further acknowledge that the participant listed above is physically able to participate in this sport. The USD 244 Recreation Commission and its employees are not responsible for accidents and injury that might occur as a direct or indirect result of participation in this program.

PLEASE LIST ANY MEDICAL CONDITIONS or write NONE _____

SIGNATURE OF PARENT/GUARDIAN

DATE

REGISTRATION INFORMATION AND POLICIES:

1. Registration form must be completely filled out and accompanied by **full** payment of fees. Participants **WILL NOT** be registered until **both** the registration form and fees are received.
2. Any registration forms received after the deadline will be assessed a **\$5 late fee**.
3. When cancelling out of an activity already paid and registered for, patrons must find someone to fill the spot they are cancelling out of. Upon finding a replacement, a refund of the activity fee minus a \$5 BRC cancellation fee will be applied. If the spot is unable to be filled, no money will be refunded.
4. BRC will take payment by cash, check, or credit card (not Discover). Make checks payable to BRC and return form and fees to BRC.

Office use only:

Date _____ Amt Pd \$ _____ Cash/Card _____ Check # _____ Receipt # _____ Initials _____