**Marion Oaks Recreation Center Registration Form Bomba/Plena Class**

**Thursdays, June 6 – 27th**

**4 Sessions**

**INSTRUCTOR: Niko Montanez**

**Youth 10 & Up – 6:30 pm**



Child’s Full Legal Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B: \_\_\_\_\_\_ Nickname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_ ST\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Ph#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Ph #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (if different from above) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following people may pick up my child (other than parent).

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Participant’s Signature (parent if applicant is a minor) Date

**Class fee includes: your own djembe and maraca to practice with and keep**

Marion Oaks Recreation Department Only \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Method of Payment: Cash \_\_\_\_ Debit/Credit Card (pls circle) Type \_\_\_\_\_\_\_\_\_ Amount $\_\_\_\_\_\_\_\_\_

Money Order #\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff that took application \_\_\_\_\_\_\_\_\_\_ Staff Processed CC \_\_\_\_\_\_\_\_

In signing above, I assume risk of harm or injury, which may occur to the participant as a result of participating in event/activity/program. I hereby release Marion Oaks Community Center, Marion Oaks Recreation Center, and its officers, employees, or agents and instructor from any liability, costs and damages resulting from this individual’s participation. I also give consent for Marion Oaks Community Center, Marion Oaks Recreation Center to seek emergency treatment if necessary. I agree to accept financial responsibility for the costs related to this emergency treatment. I also understand that while activity takes place in the Marion Oaks Community Center, Marion Oaks Recreation Center, its representatives and/or Instructor will be taking photos that may be placed on social media, newspapers and other publicity publications.