



# ASHTON SUMMER REC SIGN-UP & INFO PACKET

1. Parent/Guardian's Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Phone Number: \_\_\_\_\_
4. Email Address: \_\_\_\_\_
5. Child's Name: \_\_\_\_\_
6. Child's Age & Grade: \_\_\_\_\_
7. Child's T-Shirt Size: \_\_\_\_\_

**Consent & Liability Waiver:**

I consent to my child's participation in the Ashton Summer Rec program. I waive and release the Ashton Summer Rec program and its affiliates, employees, agents, and volunteers from any liability and/or injury which may occur as a result of my child's participation in the Ashton Summer Rec program.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

**\*Please return this form to the Ashton State Bank by May 18, 2018.**

