Gingerbread House

Making your own gingerbread house is such a fun holiday tradition! The Rec. provides the materials and leaves the creating up to you. The mini gingerbread houses are made using graham crackers, frosting and decorative treats.

Registration Deadline: December 4, 2024

Fee: \$12.00

Ages: Preschool – 6th Grade

Date/Time: Dec 10th @ 3:45pm...(max. 12 kids) Dec 11th @ 3:45pm...(max. 12 kids)

(Adults required to stay & assist their PreK & under!)

Location: Ellis Recreation Activity Room



SCH

Cash Check Credit Name:



Print Childs Name:	
Address:	City:
Grade:	
Print Father's Name	Ph
Print Mother's Name	Ph
Emergency contact: (Other than parent/l	egal guardian)
Name	Ph
List medical conditions/allergies if any: _	
Please Return Form to: Ellis Recreat	ion Commission, 1204 Washington, Ellis.

Kansas 67637 OR the Drop Boxes located in the Schools. Phone: (785) 726-3718

	the treatment will be sought only in the event of an emergency. WAIVER RE-
	As a participant in this program, I recognize and acknowledge that there are certain
	I agree to assume the full risk of any injuries, including loss of life, damages or
	s a result of participation in any and all activities connected with or associated with
	ree to waive and relinquish all claims, full release and discharge and agree to in-
	and defend the ERC and its officers, agents, servants, and employees from any
	m injuries, including loss of life, damages, and losses sustained by me and arising
	n any way associated with the activities of the program. The undersigned and
participant authorize the E	RC to use at its discretion any photograph(s) taken of the participant while partici-
pating in any activity and	vaive any and all claims that the participant or the undersigned or their heirs, exec-
utors, administrators, or as	signs may have or claim to have resulting from such photograph(s) or reproduc-
tions thereof. WAIVER (OF LIABILITY/RELEASE FOR COMMUNICABLE DISEASES INCLUD-
ING COVID-19: In cons	deration of being allowed to participate on behalf of Ellis Recreation Commis-
sion athletic program and i	elated events and activities, the undersigned acknowledges, appreciates, and agrees
	s possible exposure to and illness from infectious diseases including but not limited
to MRSA, influenza, and C	OVID-19. While particular rules and personal discipline may reduce this risk, the
	leath does exist; and, I KNOWINGLY AND FREELY ASSUME ALL SUCH
	nknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES
	responsibility for my participation; and, I willingly agree to comply with the stated
	onditions for participation as regards protection against infectious diseases. If,
	unusual or significant hazard during my presence or participation, I will remove
	and bring such to the attention of the nearest official immediately; and, I, for myself
	assigns, personal representatives and next of kin, HEREBY RELEASE AND
	Recreation Commission their officers, officials, agents, and/or employees, other
participants, sponsoring ag	encies, sponsors, advertisers, and if applicable, owners and lessors of premises
used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABIL-
	amage to person or property, WHETHER ARISING FROM THE NEGLIGENCE
OF RELEASEES OR OTH	IERWISE, to the fullest extent permitted by law.
SIGNING IT, AND SIGN	MS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.
5	
Date signed:	
I the Perent/Legal Cuer	lian of the above named participant have read and understand the "Consent for
	ental Care" and the "Waiver Release Statement." I have read and explained the
provisions in the COVID-1	9 waiver/release to my child/ward including the risks of presence and participation
	isibilities for adhering to the rules and regulations for protection against communi-
	e, my child/ward understands and accepts these risks and responsibilities. I for
	ild/ward do consent and agree to his/her release provided above for all the Re-
	buse, and child/ward do release and agree to indemnify and hold harmless the Re-
	ilities incident to my minor child's/ward's presence or participation in these activi-
	EN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by
	policies and guidelines set forth by the ERC regarding this program.
Name of parent/guardian:	
Date signed:	Parent Email:

REGISTRATION DEADLINE DECEMBER 4, 2024

CONSENT FOR EMERGENCY MEDICAL AND DENTAL CARE: I appoint the ERC staff, instructors,

and volunteers as my agent and representative for the purpose of authorization of emergency medical and dental treatment deemed necessary by duly credentialed physician, dentist, or health care provider. My consent authorizes ambulance service, admission to a hospital, examination (to include X-rays), anesthesia, the use of drugs and medication, and necessary surgery recommended by such medical personnel for the purpose