

Kinder Kamp

Don't want you or your little ones to be cooped up all winter/spring?
 Join the SRD once a week for some fun activities! We will provide
 some creative games or crafts to get your kids up and moving! This
 will be a time for your youngster to socialize with other kids in town!



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 * **DATES:** Thursdays November 3rd - April 21st
 * No Kinder Kamp Nov. 24th, Dec. 22nd &
 * 29th, April 6th
 *
 * **We will inform you ahead of time of**
 * **cancellations.**
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 * **TIME:** 2pm-3pm
 * **LOCATION:** SRD Building
 * **AGES:** Pre-School and under
 * **COST:** \$15.00 Per Child
 * **A parent or guardian must be present, and we en-**
 * **courage their participation!!!**
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REGISTRATION INFORMATION

- You must have a signed registration for your children to participate.
- Send your completed registration to:
PO BOX 356
Shoshoni, WY 82649
- Or bring it into the SRD Office
 Located at 97 S. Maple in Shoshoni



Shoshoni Recreation District #24 Registration

Phone #: (307)876-2663 **Fax #:** (307) 876-2572

Email: rec24@wyoming.com **Website:** www.srd24.com

Mailing Address: PO Box 356, Shoshoni, WY 82649

Physical Address: 97 S. Maple, Shoshoni WY

Please either mail this form or bring it in to the SRD Office.

SRD is not responsible for fees/registrations not turned directly in to the SRD Office.

PLEASE PRINT AND WRITE CLEARLY.



Live to Play. Play to Live.

Participant's Name: _____ Age: _____ Grade: _____ Sex: M/F
 First Last

Participant's Name: _____ Age: _____ Grade: _____ Sex: M/F
 First Last

Participant's Name: _____ Age: _____ Grade: _____ Sex: M/F
 First Last

Parent's/Guardian's Name: _____
 First Last MI

Phone #'s: _____
 Home Cell Work

Emergency Contact: (not you) _____
 Name Phone #

I hereby release the SRD #24 and staff/volunteers associated with this organization from any liability while participating in or being transported to **Kinder Kamp**. I further give permission for the above participant to be treated medically if my emergency contact cannot be reached. I also understand that I will assume the cost of treatment.

Signature: _____ Date: _____

Please visit our website at www.srd24.com for additional registrations. Your picture may be taken while participating in SRD events and used in our publications. If you do not want your picture taken it is your responsibility to notify SRD staff of this.

OFFICE ONLY: Payment type(\$15.00): Cash _____ Check _____