

# Splash with a Movie



On This Professional Development Day we will be taking the kids to the Star Plunge to enjoy 3 hours of swimming, eat lunch at the pool. Then we will be heading to Micky's Movie Theater to watch a great movie with popcorn and a soda. **Please pack a lunch, extra snack, and water for this day.**

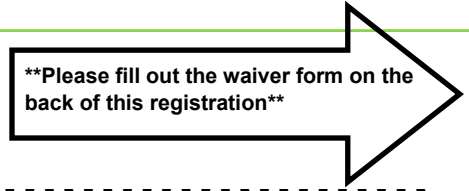
If your student/s have never been swimming and never had swimming lessons, a parent **must** attend. If your student needs a lifejacket please send one. Adults are limited, we need to know student/s ability.

**WHEN:** Monday, November 28th  
**WHERE:** Thermopolis, Wy  
**TIME:** 8:30am to 3:30pm  
**GRADES:** Pre K - 12th  
**COST:** \$25.00  
**LIMIT:** 26  
**\*\*Please fill out the waiver form and send back with this registration\*\***

**NOTE:** There will not be buses running this day so parents **must** drop off and pick up their children.

**REGISTRATION INFORMATION**

- **DEADLINE:** Tuesday, November 22nd
- Please give your completed registration, waiver and payment to your teacher to put in the SRD box in the Elementary Office
- Please give your completed registration to your teacher to put in the SRD Box in the Elementary Office
- Bring it to the SRD Office located at 97 S. Maple in Shoshoni



### Shoshoni Recreation District #24 Registration

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

**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.**



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

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

Parent Pick-Up: \_\_\_\_\_ Other form of transportation (please specify): \_\_\_\_\_

Person other than parent allowed to pick-up child: \_\_\_\_\_  
 (please see disclosure on the bottom of this form)    First    Last    Phone #

Parent's/Guardian's Name: \_\_\_\_\_  
   First    Last

Phone #'s: \_\_\_\_\_  
   Home    Cell    Work

Emergency Contact: (not you) \_\_\_\_\_  
   Name    Phone #

I hereby release the SRD #24, Star Plunge, Micky's Movie Theater and staff/volunteers associated with this organization from any liability while participating in **Splash with a Movie**. 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. Please put only one person per registration form. 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. Fees must be paid in full before the deadline; refunds will only be granted if the SRD is notified 24 hours prior to the start of the program. For more details on our cancelation policy please refer to srd24.com or call the main office. No tobacco of any kind is permitted within 50 feet of any SRD facilities or vehicles. SRD is not responsible for lost or stolen registrations or fees. We highly suggest that payments are given to us in envelopes labeled SRD. No persons other than a parent or the alternate pick up listed above will be allowed to pick up the registered child unless SRD given proper notice.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE ONLY:** Payment type(\$25.00): Cash \_\_\_\_\_ Check \_\_\_\_\_