

Head of Household Information:

Name: _____ Email: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

 We invite people of all abilities to participate in our programs. If you or your child needs special assistance please mark this box:

 OFFICE USE:
 Staff Initials _____ Amount Pd. _____
 PCC Member _____ Non-member _____
 Cash___ Check___ CC___
Checks payable to Plattsmouth Community Center

Daughter's First, Last Name	Quantity for Photo Only (\$12)	Quantity for Corsage only (\$12*)	Quantity for Combo (\$22*)	Total
\$8 per member couple, \$13 per non-member couple. \$5 for each additional daughter, *\$10 for each additional corsage		TOTAL AMOUNT DUE=		

Release of Liability

By signing this form, I waive, release and forever discharge the Plattsmouth Community Center and its directors, officers, agents, employees, representatives, successors and assigns, administrators, executors and all others from any and all responsibilities or liability from injuries or damages resulting from participation in this activity. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself or my child. I understand the inherent risk of injury when participating in strenuous activities and that I should contact a physician prior to participating in strenuous activities.

Print Name: _____ Signature: _____ Date: _____