

# Chatham Parks and Recreation

## Father (Uncle/Grandpa) & Daughter Dance & Dinner!



**Who:** For Daughters ages 5-12 & their Father (or Uncle/Grandpa)

**When:** Friday, February 8<sup>th</sup>

**Time:** 6:00-8:00 P.M.

**Where:** Chatham Community Center Large Meeting Room

**Registration Fee: \$20 for Father & Daughter  
\$5 for each additional Daughter**

**Description:** Join us for a night of fun and dancing at our 8<sup>th</sup> annual Father & Daughter Dance! Fee includes pizza dinner, refreshments and a picture to commemorate the special occasion. Come as you are or put on your best dress/suit!

Clip here and return

**Father (Uncle/Grandpa) & Daughter Dance & Dinner!**

**Daughter's Name:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

**Cell Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

***Are there any allergies, medications or health issues that we should know about?***

By signing this permission form for my child to participate in a Chatham Parks and Recreation Program, I agree to the following conditions:

- I give permission for my child to receive medical treatment in the event of injury while participating in this program;
- In consideration of your accepting my entry, I, the undersigned parent/guardian of the minor child named above, intending to be legally bound do hereby for myself, my heirs, executors and administrators, waive and release forever any and all rights and claims or damages I may accrue against the Town of Chatham, its contractors, instructors, aides, their successors, representatives and assigns, for any and all injuries suffered as a result of traveling to and from and while participating in the above named program. In the absence of a parent/guardian signature below, payment of fees and participation in the program shall constitute acceptance of the conditions set forth in the waiver.
- I agree pictures taken during program hours may be used for future promotional purposes.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Registration Form & Fee received by: \_\_\_\_\_ Date: \_\_\_\_\_ Check #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_