Dear Parent/Guardian:

the child's direct or indirect participation in the event.

PARENT/GUARDIAN SIGNATURE: _____

We would like to take your child to the <u>Kickball Tournament</u> at <u>Appleton Memorial Park Baseball</u>
<u>Fields (West Parking Lot near Diamond 7)</u> on <u>Thursday, July 18.</u> We will be gone from <u>1 p.m. to 4 p.m.</u>



Please fill out, completely, all information listed below.	Event Specifics:		Event Fee:
Thank you,	We will be: ☐ Biking/Rollerblading		Free
mank you,	☐ Taking the Valley Trans	parameter and the second secon	
Your Playground Leaders @	Meeting the children @ Baseball Fields	Appleton Memorial Park	
		vn transportation to <u>and</u> from	
and			
Name: Age: _	Birthdate:	Playground Site:	
Address:	Home Phone:	Cell/Work Pho	one:
Has my permission to go to	on	from	·
Allergies/Medical Information of note:			
The undersigned is the parent/guardian of the above name child and my child being allowed to participate in the event, on behalf of myst defend and hold harmless the City of Appleton and its officials, emp the child's direct or indirect participation in the event.	elf, my child, and any heirs, assign loyees and agents from any and al	s and the like, we hereby agree to re Il liability for personal injuries and o	elease, acquit, indemnify, ther damages arising out of
PARENT/GUARDIAN SIGNATURE: Date:			
Dear Parent/Guardian: We would like to take your child to the Kickball Tourne Fields (West Parking Lot near Diamond 7) on 7			PARKS & RECREATION
<u>p.m.</u>			
Please fill out, completely, all information listed below.	Frank Considient		Fromt Foot
Thank you	Event Specifics: We will be:		Event Fee:
Thank you,	☐ Biking/Rollerblading		Free
Your Playground Leaders @	☐ Taking the Valley Trans		
-	Meeting the children @ Baseball Fields	D Appleton Memorial Park	
and		wn transportation to <u>and</u> from	
Name: Age: _	Birthdate:	Playground Site:	
Address:	Home Phone: Cell/Work Phone:		
Has my permission to go to	on	from	.
Allergies/Medical Information of note:			
The understand is the parent/avardian of the above name shill an	d harahy consonts to the shild's	articination in a field tria to the all-	un stated In consideration of
The undersigned is the parent/guardian of the above name child and my child being allowed to participate in the event, on behalf of mysd defend and hold harmless the City of Appleton and its officials, emp	elf, my child, and any heirs, assign	s and the like, we hereby agree to re	elease, acquit, indemnify,

Date: _____