

# Jerseyville Parks & Recreation Department

401 Mound Street ♦ Jerseyville, IL 62052

618.498.2222 ♦ [www.jerseyville-il.us](http://www.jerseyville-il.us)

# Mother/Son Superhero Night

(For boys 4-12 years old)

Saturday, 11/3

from 5:30-8:30pm at the Susnig Center

\$25.00 per person



Feel free to dress casual or go all out for this special event. Guests will enjoy some pizza, soda, bungee run and much more!!! Bring your camera for snap shots at our selfie-stations throughout the evening. For those that are blessed with multiple superhero's between the age of 4-12, all are welcome for the per person fee. Space is limited so hurry now and claim your spot!

**Registration is required and must be completed by October 24th!**

-----**RETURN THIS FORM WITH PAYMENT TO: JPRD/ 401 Mound Street/ Jerseyville, IL 62052**-----

Fee: \$ 25/individual      Total enclosed: \_\_\_\_\_      Method of Payment:  Check # \_\_\_\_\_       Cash

Superhero's Name \_\_\_\_\_      DOB \_\_\_\_\_      Age \_\_\_\_\_

Additional Name \_\_\_\_\_      DOB \_\_\_\_\_      Age \_\_\_\_\_

Guardian's Name \_\_\_\_\_      Home Phone \_\_\_\_\_      Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_      City \_\_\_\_\_      State \_\_\_\_\_      Zip \_\_\_\_\_

Email Address (only used for program purposes) \_\_\_\_\_

*In case of an emergency, contact the following person that will not be at event:*

Name \_\_\_\_\_      Relationship \_\_\_\_\_      Primary Phone \_\_\_\_\_

Describe any special accommodations guest may need \_\_\_\_\_

**Participant Release Statement:** I hereby, for the participant and myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I or my child may have against the City of Jerseyville its successors and assigns, it's employees, agents, officers and directors for any and all injuries suffered by myself or my child at any activity sponsored by these groups. I further understand the risks and dangerous situations attendant to the activity for which my child is entering. I understand medical coverage is my responsibility. **PHOTO**

**PERMISSION:** I grant permission for pictures to be used in the City of Jerseyville publicity materials. **ACTIVITY DISCLAIMER:** I understand that the City of Jerseyville reserves the right to cancel, combine or divide classes. In addition, there may be a need to change dates, times, locations, instructors, fees or program outline revisions of any activity offerings.

Guardian's Signature \_\_\_\_\_      Date \_\_\_\_\_

**Jerseyville Parks & Recreation Department ♦ Mother/Son Night ♦ Fall 2018**

*For JPRD use only*

Registration Taken By \_\_\_\_\_      Date \_\_\_\_\_      Fee Paid \_\_\_\_\_      Entered By \_\_\_\_\_      Date \_\_\_\_\_