Hartford Recreation Department . 125 N. Rural St. Hartford WI, 53027 . (262) 670-3730

## Snowed in @ the Movies

Elevate, HUHS Peers 4 Peers and The Hartford Rec Center are sponsoring the 9th annual "Snowed in @ the Movies," an all-night lock in at the Schubert's Hartford Theatres (2941 State Rd 83, Hartford)



STUDENT'S NAME:

Registration accepted at HUHS during lunches 1/11-1/16

FRIDAY, JANUARY 19, 2018 9:00 PM — 6:00 AM

\$15 paid @ Rec Center by JAN. 18 OR \$20 DAY OF @ Theatres

Price includes a fun-filled night with three movies, popcorn, soda, pizza, subs, snacks and games!!

This is a chaperoned, drug & alcohol free event. All area high school students are welcome to attend with parent's permission. Appropriate attire is required. **NO BACKPACKS OR BAGS ARE ALLOWED**: small purses are acceptable. Police Explorers will check purses to ensure no contraband is being brought into the movie theatre.

Students must be checked into the theater between **9:00-9:30 PM**; late students may be denied entry. A parent/guardian can sign a child out of the event prior to the 6:00 AM end time. Disruptive children will be removed from the event and a parent/guardian is responsible for their transportation home.

## MAIL, FAX, OR DROP OFF COMPLETED FORM <u>WITH PAYMENT</u> TO THE <u>HARTFORD PARKS & RECREATION DEPARTMENT BY JAN. 18</u>

CELL PHONE#:	PARENT PHONE#:	
ADDRESS:	CITY & ZIP:	
LIABILITY WAIVER: All participants are required to sign the following release. Parents or guardians must significated am aware of and understand that there may be risks and hazards inherent with participants participation of the minor I do hereby agree to release, waive, absolve, indemnity on behalf of myself or minded the risks suffered by me or the minor in any and all present and future claims, liabilities, damages or riguration of the scheduled program, which result from the ordinary negligence for the City of Hartford, its empresponsibility for any and all injuries or damages which may occur to me while participating. MEDICAL EMEM medical treatment for my son/daughter or minor for which I am guardian. PHOTO RELEASE: I agree to alk there are any medical conditions/allergies/disabilities the instructor/program supervisor should be aware of,	is in this activity. I affirm that I, or the minor registered for this activity, am doing so as tor, myhis/her/family, myhis/her heirs and my/his/her assigns the City of Hartford, its yhit of action directly indirectly resulting out of participation in the activity, using the liployees, officers, agents and sponsors. The City of Hartford does not provide accide ERGENCY RELEASE WAIVER FOR MINORS: In the event of a medical emergency low publication of any photos taken at any program, event, or facility of the City of He	s a voluntary participant. In consideration of my participation or s employees, officers, agents and sponsors from liability for injury, facilities, or engaging in any activities incidental thereto during the int insurance to participants in recreational activities and I assume full y, I authorize the Parks & Recreation Department staff to obtain artford Parks & Recreation Department. MEDICAL INFORMATION: If
YES, I agree to allow my child to vi	ew "R" rated movies during the	IF FAXING, BE SURE TO INCLUDE
"Snowed in @ the Movies" event. These movies may contain adult themes,		CREDIT CARD INFORMATION.
activities, harsh language, violence, drug us		FAX # 262.673.8303
suitable for those under 18		
NO, I do not want my child watching	g "R" rated movies during the	Number:
"Snowed in @ the Movies" event		
- PARENT		V-Code:
PARENT SIGNATURE		Exp. Date:/
5 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Please make checks payable t	to "City of Hartford"