



City of Surprise
Community & Recreation Services



MOM & ME

SIGN LANGUAGE

**Mondays and Wednesdays
July 13 to July 29, 2009 from 1-2:30 pm**

**Sierra Montana Recreation Center
17680 W. Spring Lane**

<u>Residency</u>	<u>Registration</u>	<u>Cost</u>
Resident	Begins May 1st	\$30
Non-Resident	Begins May 8th	\$40

Ages: 18 and up for up to 12 parent & child teams

Infants and children can learn sign language quite easily when exposed to it at a young age. Come learn fingerspelling as well as basic sign language related to family, home, feelings, foods, colors and animals. This will be an interactive class that's fun for both parents and their kids.

For more information or questions, please contact:
Nanette Bowles, Disability Advocate at 623.222.2266 or
nanette.bowles@surpriseaz.com or go to surpriseaz.com



City of Surprise
 Community & Recreation Services
**Special Interest Class
 Registration Form**

(Please Print)

Participant's Last Name _____ First Name _____

If under 18, Parent/Guardian Last Name _____ First Name _____

Address _____ City _____ Zip Code _____

Phone # (Day) _____ Evening _____ Email Address _____

Emergency Contact _____ Phone Number _____

PLEASE LIST ALL SESSIONS SEPARATELY

Class	Dates/Days	Time	Location	Fee

Credit will only be issued to those who contact the Recreation Department at 623-222-2000, 24 hrs. prior to first class.

TOTAL AMOUNT OWED: _____

The City of Surprise Community & Recreation Services has a **NO REFUND POLICY** on all programs and classes. I understand that refunds will not be issued should my child or myself not be able to attend. *INITIAL:* _____

The City of Surprise, the directors, supervisors, instructors of the City of Surprise and its officials are hereby released from any suit of injury, illness, or damage to personal property during the course of this program except that resulting from gross negligence and or intentional conduct thereof. I hereby covenant to indemnify and hold harmless the foregoing from any losses of damages, including reasonable attorney fees, which may be incurred in the event of any such claims asserted against them or any of them.

Parent/Guardian Signature: _____ Date: _____

For office use: Cash amount _____ Check #/amt _____ / _____ VISA/MC _____
 Date _____ Resident Verification _____ Cashier Initials _____

Drug Free Recreation