

# August-December 2025

## Early Out & No School Dayz



**PROGRAM DESCRIPTION:** This program is offered to **Civic Center members only** and is provided to help parents during select scheduled Wahoo Public School "Early Out" and "No School" days (The specific dates are listed below). Children in grades K-5 in the Wahoo area are eligible to register for the program. Participants will engage in a variety of activities at the Civic Center. **Note:** This program does not include non-scheduled "no school days". However, as a courtesy, this program will include non-scheduled "early outs" (example snow days, state basketball, etc.) at no additional charge.

<b>PROGRAM DATES:</b>	<b>"Early Out" Dates:</b>	<b>"No School" Dates:</b>
	August 14 <sup>th</sup>	September 22 <sup>nd</sup>
	October 10 <sup>th</sup> , 14 <sup>th</sup> , 15 <sup>th</sup>	October 16 <sup>th</sup> , 17 <sup>th</sup>
	November 12 <sup>th</sup>	November 26 <sup>th</sup>
	December 10 <sup>th</sup> , 19 <sup>th</sup>	

**HOURS:** The Early out program begins promptly after the school bus arrival until 6:00pm. The No School Dayz program will begin at 7:15am and end at 6:00pm.

**LOCATION:** The primary location for the program is the Civic Center meeting room.

**COST:** "Early out" days are \$11.50/day and "No School" dayz are \$34/day. Participants can not pick and choose days. You must sign up and pay for all. There are 7 Early Out days = \$80.50 and 4 No School days = \$136. Total payment of \$216.50 is due at the time of registration.

**REGISTRATION:** Registration is underway! A waiting list will be maintained once the program has filled. To register, complete and detach the registration form below and return with appropriate registration fee or register online at [www.wahooparksandrec.com](http://www.wahooparksandrec.com).

(See reverse side for additional information.)



### REGISTRATION FORM – Early Out & No School Dayz (August-December 2025)

Child's Name \_\_\_\_\_ Address \_\_\_\_\_ City/Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ School Attending \_\_\_\_\_ Grade \_\_\_\_\_  
Male \_\_\_\_\_ Female \_\_\_\_\_ Home Phone \_\_\_\_\_ Parent's Work Phone \_\_\_\_\_  
Parent's/Guardian's Name \_\_\_\_\_ Email address \_\_\_\_\_

In order to take advantage of this program the participant must have a current Civic Center membership.

Return registration form to the  
Civic Center  
310 N. Linden St.  
Wahoo, NE 68066

#### PERMISSION TO PARTICIPATE and INDEMNIFICATION AGREEMENT

By signing below, I and the child's family acknowledge: A) We have read the aforementioned information regarding the Wahoo Parks and Recreation youth instructional program named herein and give our child permission to participate, B) We give Wahoo Parks and Recreation permission to use photographs or videos of our child in its promotional/educational materials, and C) The Wahoo Parks and Recreation Department does not carry medical or accident insurance for participants in this program. I also fully understand the fee structure, payment procedures, and late fee policy.

Realizing that my child is participating for fun, recreation, and personal betterment, I hereby for myself and for my child, our heirs, personal representatives and assigns, waive and release any and all claim for injuries or damages of any kind of nature which either I or my child may have against the City of Wahoo, any supervisor or assistant thereto, chaperones, sponsors or anyone who organizes or causes this program to operate, their agents, representatives and assigns as a result of any participation in said instructional program and indemnify the City of Wahoo, and all parties named herein against such claim or damages arising from such claims. We hereby agree that supervisors and their assistants shall not be liable for the injury or death of my child as a participant in said Wahoo Parks and Recreation program which results from the negligence of any of the above listed individuals. I understand that the City of Wahoo assumes no legal or financial responsibility in case of accident or injury and I assume full responsibility for my child's medical expenses and waive all rights or causes of action which I or my child may have against the City of Wahoo and each of the persons named herein.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

#### FOR OFFICE USE ONLY

Date Pd. \_\_\_\_\_ Cash ☐ Check ☐ Chk. # \_\_\_\_\_ Credit Card ☐ Amount Pd. \_\_\_\_\_ Staff Member \_\_\_\_\_