

# MOTHER SON PIRATE DANCE

Friday, September 10, 6:30pm - 9:00pm

At the  
Lake Jackson  
Civic Center



Tickets go on sale August 2  
at the Lake Jackson Recreation Center  
\$30 per couple, \$10 each additional child

[LakeJacksonTX.gov/Parks](http://LakeJacksonTX.gov/Parks)



Lake Jackson  
PARKS & RECREATION

# Mother Son Dance Pirates Ball

**Date:**

Friday, September 10, 2021, 6:30pm - 9:00pm

**Location**

Civic Center Ballroom

**Registration Information**

Mother Son Dance participants must complete the attached registration form and leave it with the Recreation Center Staff.

Each Mother will receive a ticket indicating the number of people the ticket permits.

**The ticket must be presented at the dance for entrance.**

A LIMITED NUMBER OF TICKETS ARE SOLD. NO TICKETS WILL BE SOLD AT THE DOOR.

**How to Register**

Participants must register at the Lake Jackson Recreation Center

**Cost**

\$30 per Couple, \$10 each additional Son

**Methods of Payment**

Visa, Discover, MasterCard, Cash, and Checks accepted

**Make Checks payable to:** City of Lake Jackson

**Helpful Notes**

This year's theme is "Pirates"

Photos will be available for purchase from Brenda Angel Photography. Picture Packet Info is available at the Recreation Center or at the event.

Music is provided by DJ Bino G, it is "Kid Bop type" music and is kid friendly.

Finger foods and drinks are provided.

The event is considered semi-formal (Church dress is appropriate).

*DADDIES WILL NOT BE PERMITTED TO ENTER THE BALLROOM*

**For more information, please email [mdoyle@lakejacksontx.gov](mailto:mdoyle@lakejacksontx.gov)**

# Mother Son Dance Pirates Ball

**Friday, September 10, 2021**



Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Son's Name: \_\_\_\_\_ **\$30 = 1 Son**  
(First and Last Name)

Son's Name: \_\_\_\_\_ **\$40 = 2 Sons**  
(First and Last Name)

Son's Name: \_\_\_\_\_ **\$50 = 3 Sons**  
(First and Last Name)

Son's Name: \_\_\_\_\_ **\$60 = 4 Sons**  
(First and Last Name)

Son's Name: \_\_\_\_\_ **\$70 = 5 Sons**  
(First and Last Name)

### PHOTOGRAPHY

I understand that City of Lake Jackson employees often take photographs of various community and/or athletic events throughout the community. I hereby grant the City of Lake Jackson permission to use my likeness or, if I am the parent or legal guardian of a minor child who is younger than 18 years of age, I give permission to use the minor's likeness in a photograph or other digital reproduction in any and all of its publications, including website entries, without payment or any other consideration. I further give permission to the City of Lake Jackson to share this image with third parties for use in any and all of its publications, including website entries, without payment or other consideration.

### REFUND/CANCELLATION POLICY

Lake Jackson Parks and Recreation reserves the right to cancel events due to insufficient registration, inclement weather, or other circumstances which would make the event non-viable. Participants will be notified by email or phone of the cancellation and a full refund will be given for activities.

Once program/activity registration has been completed, it is considered final. No refunds will be given for this event.

### CONSENT TO PARTICIPATE AND HOLD HARMLESS

I understand and agree to indemnify, save and hold harmless the City of Lake Jackson, its agents and employees, from and against all claims, damages, losses and expenses (including attorney's fees, medical, and ambulance cost) that may arise out of my child's use of or presence on city property or arising out his or her participation in any activities or functions that may occur during the program, including contact with persons, animals or creations of nature of any and every kind that exist on property that may or may not be under the control of the City of Lake Jackson. In case of an emergency and I cannot be contacted, then I hereby authorize medical treatment.

**By signing below, you are affirming you have read, understand and agree to comply with the terms and conditions of this agreement.**

Signature (Parent or Guardian if under 18)

Date

FOR OFFICE USE ONLY

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Payment: Cash \_\_\_\_\_ Check Number \_\_\_\_\_ Credit Card: Visa MC Discover