

WAUKEE COMMUNITY EDUCATION REGISTRATION FORM

(Please Print Legibly)

Participant Name _____

D. O. B. ____/____/____ Gender ____ Waukee Community School District Resident? Yes ____ No ____

Address _____ City _____ State/ZIP _____

Phone (day) _____ (evening) _____ (cell) _____

Email _____

School & Grade in 2016-17(if student) _____

Parent's Name (if applicable) _____ T-Shirt Size (if applicable) _____

Special Accommodations/Allergies/Health Concerns? Yes ____ No ____ If Yes, please specify _____

How did you hear about us? __ Catalog __ Website __ Flyer __ Friend __ Email __ Social Media __ Other _____

Method of Payment __ Check (No. _____) __ MasterCard __ VISA __ Discover

Please make checks payable to Waukee Community Schools.

Name on Card _____

Card No. _____ Exp. Date ____/____ Signature _____

Program Name	Program Code	Date(s)	Time(s)	Fee
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*Community Education reserves the right to utilize photos and the names of participants for publicity purposes. Participants desiring their names/photograph not to be used for publicity must notify Community Education in writing at the time of registration.

CONSENT AND RELEASE FORM

I am aware that my or my child's participation in this Program is completely voluntary and that I or my child may cease participation in the Program at any time. I also understand that I or my child may be removed from participation in the Program at any time, at the discretion of the District, for failure to follow District policies, rules or procedures with regard to the Program participation.

I understand that participation in the Program may expose me or my child to some risk. Understanding that certain dangers and risks are associated with participation in the Program, and in consideration of my or my child's desire to participate in the Program, I agree to participate in this Program or grant permission for my child to take part in this Program.

I authorize designated Program personnel and staff to exercise necessary authority to protect, render medical attention, discipline and control me or my child as they may deem necessary. My permission is also given for me or my child to receive emergency medical treatment in case of injury or illness. I further understand that the District does NOT carry health/accident insurance to cover participants in the Program and, thus, I am responsible for any medical expenses not covered by my or my child's insurance policy.

Understanding the potential risks involved in my or my child's participation in the Program, I, acting for myself, my heirs and assigns, do hereby release, absolve and forever discharge the Waukee Community School District, its Board of Directors, officers, employees, representatives, agents and chaperones, individually and collectively from, and agree to hold them harmless against, any and all liability, including claims at law or in equity, for any accident or injury, fatal or otherwise or for any property loss or damage which may result from my or my child's participation in the Program.

Participant Signature (REQUIRED) _____

Parent/Guardian Signature (if participant is under 18 years of age) _____