

Pillager Schools

Community Education Registration

Registration for _____ class name

| | | |
|-----------------|---------------|------------|
| Office use only | | |
| Pd: _____ | Check # _____ | Date _____ |
| Other _____ | | |
| _____ | | |

Make checks payable to Pillager Public School.

| | | | |
|---|---|-------------------|---------------------------------|
| Name | | Parent / Guardian | |
| Grade / Teacher | | Home Phone | |
| Address | | City, State, Zip | |
| Cell Phone 1 | | Email Address | |
| Emergency Contact | | Emergency Phone | |
| Health issues that would affect participation | T-shirt size (circle) if applicable | | Youth: S M L Adult: S M L XL |
| | Write adult name here if you can help: | | |

Release of Liability (This form MUST be signed before registration is complete.)

In consideration of your accepting my child or ward's entry, I hereby waive and release any and all rights and claims that I, my child/ward may have against Pillager Public Schools, its servants, agents, or employees, for any and all injuries and other damages arising out of or connected with participation in the activity. I further agree and consent to emergency treatment for my child/ward by a physician or hospital, in the event that I cannot be reached.

This waiver is in effect while my child/ward is participating in (class name) _____ at Pillager Schools.

Parent/Guardian Signature _____ Date _____