

IROQUOIS COMMUNITY EDUCATION - REGISTRATION FORM

Registration form *(Please print)*

Please fill out one form per participant and return with your check or money order to:

IROQUOIS COMMUNITY EDUCATION**P.O. Box 32****Elma, New York 14059****Phone: (716) 652-3000 ext. 7402**

Participant: Last Name: _____ First: _____

Address: _____ City: _____ Zip: _____

Contact Phone: _____ Email: _____

Age/Grade (under 18): ____/____ Parent Name: _____

Course Title	Course #	Start Date	Start Time	Fee	(Office Use)
1.					
2.					
3.					
4.					

Make checks payable to:
Iroquois Central School. Your
canceled check is your receipt.

Check if a:

☐ District Resident☐ Non-Resident: add \$5.00 (per person per course)

\$ _____

TOTAL FEE ENCLOSED

\$ _____

**Iroquois Central**
School District*Striving
to be the
Best!*

PLEASE complete the following waiver if you are participating in any Physical Fitness, Sport or Swimming programs. One waiver per person please!

PHYSICAL FITNESS/SPORTS/SWIMMING LIABILITY WAIVER

I acknowledge that participating in physical fitness/sports activities contains inherent risks, including, but not limited to personal injury, death or property damage. As such, _____ participates in

(Name)

_____ and related activities at his/her own risk and I agree to hold
(physical fitness/sports/swimming activity)

Iroquois Central School harmless for injury, death or damage to property that occurs will participating in afore named activity except those activities that come under Iroquois Central School's control and jurisdiction and also except that which can be shown as negligence on the part of Iroquois Central School or its representatives.

Signature_____
Date_____
Signature of Parent/Guardian

(if participant is under 18 years of age)

Date

We DO NOT confirm mail-in/walk-in registrations. You will be notified only for cancellations or changes to registered courses.