

ADULT

WATERFORD COMMUNITY EDUCATION - LUTES CAMPUS

5195 Pontiac Lake Road, Waterford, MI 48327

Phone: 248.682.1088, Fax: 248.738.4799

Participant's Last Name

First Name

Date of Birth

<input type="checkbox"/>	Male
<input type="checkbox"/>	Female

Address

City

Zip Code

Day Phone

Cell/Night Phone

Activity #	Course Name	Start Date	Time	Location	Fee
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Completed registration form and payment may be dropped off, mailed, or faxed to the above number. Checks are payable to Waterford School District.

Visa \_\_\_\_\_ MCard \_\_\_\_\_ Charge Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

For Office Use Only

Paid by: Cash \_\_\_\_\_ Visa # \_\_\_\_\_ MCard# \_\_\_\_\_ Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Date Received \_\_\_\_\_ Received by \_\_\_\_\_

EMERGENCY AND HEALTH INFORMATION - REQUIRED

Parent/Guardian Last Name

First Name

Address

City

Zip Code

Day Phone

Cell/Night Phone

Please list individual to be called in case of illness/emergency:

Name	Relationship	Telephone #	Telephone #

Medical conditions or special needs we should be aware of: \_\_\_\_\_

If you would like to participate in this event, please complete, sign and return the following statement of consent and release of liability. You remain fully responsible for any legal responsibility which may result from any personal actions. You also authorize and consent to the activity leader(s) securing medical services including hospitalization to aid you, if in their judgment, such services are necessary. It is also understood that the Waterford School District does not maintain accident medical insurance for injuries that may be associated with this type of activity. It is your responsibility to provide medical insurance or other financial means of paying for activity related injuries.

Participant Signature: \_\_\_\_\_ Date \_\_\_\_\_