

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 \$ _____



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.