

# IROQUOIS COMMUNITY EDUCATION - REGISTRATION FORM

**Registration form** *(Please print)*  
Please fill out one form per person and return with your check or money order to:



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

Last Name: \_\_\_\_\_ First: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
(must be included for ED2GO online courses)

Course or Trip/Tour Title	Course #	Date	Time	Fee	(Office Use)
1.					
2.					
3.					

**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)      \$ \_\_\_\_\_  
**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 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 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.**