

Please remit form with payment to:
 Washougal Community Education & Recreation
 4855 Evergreen Way
 Washougal, WA 98671
 Please make checks payable to WCER.

Please Print Washougal Community Education & Recreation, 954-3040 Registration Form

Student's Name: Last _____ First _____

Parent's name (please print) _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

Address: _____ City _____ State _____ Zip _____

Email Address _____ Grade _____ Age _____ Birth Date _____

<i>Code #</i>	<i>Class Title</i>	<i>Fee</i>

\$ Enclosed _____

Permission Form for students under 18 years of age:
 _____ has my permission to participate in this Community Education & Recreation activity. I understand that the Washougal School District does not provide insurance to participants. I certify that my child is physically and mentally able to participate in this class/activity. I, intending to be legally bound, waive and release my rights and claims for damages I may accrue against any and all sponsors of this class/activity.
Parent/Guardian Signature _____ *Date* _____

Sports Participation Waiver - if registering for a sports program:
 Warning: By its nature, participation in this athletic program includes a risk of injury, this may range in severity from minor to long-term catastrophic. Although serious injuries are not common in supervised community education athletic programs, it is impossible to eliminate this risk. Participants can and have the responsibility to help reduce the chance of injury. Players must obey all safety rules, report all physical problems to their instructor/coach, and follow a proper conditioning program.
As the student of this class or the parent/guardian of the student registering for this class, I agree to the above statements.
 Signature _____