

| Program: | REGISTRATION FORM <i>Nevis Community Education</i> PO Box 138, Nevis, MN 5 | 6467 awhi | ite@nevis308.org |
|--|--|--------------------------------------|---|
| Guardian: | Name: Grade: | Method of Payment: Checks payable to | |
| Address: | Program:FEE: | Nevis School | |
| City: Zip: | Guardian: | Check #: | |
| City: Zip: Phone: (Day) (Evening) E-mail Address: Nevis Gear may be included in your child's participation. Please help us with ordering the correct sizes. COMPLETE & RETURN WITH PAYMENT TO REGISTER help us with ordering the correct sizes. The following MUST be signed by all class participants age 18 and older, or by a parent or guardian of any participant under the age of 18. Sm. Med. Lg. XL | Address: | Cash: | |
| E-mail Address: | City: Zip: | Scholarship (C | all 1st) |
| I CERTIFY THAT MY DEPENDENT LISTED ABOVE (Check one) | COMPLETE & RETURN WITH PAYMENT TO REGISTER The following MUST be signed by all class participants age 18 and older, or by c | ı parent | included in your child's participation. Please help us with ordering the correct sizes. Sm. Med. Lg. XL |
| | I CERTIFY THAT MY DEPENDENT LISTED ABOVE (Check one) | | Child or Adult |

IS ADEQUATELY INSURED or _____ DOES NOT HAVE INSURANCE, BUT I ASSUME ALL LEGAL RESPONSIBILITY FOR INJURIES/ACCIDENTS ARISING THERE FROM.