

Name: _____ Grade: _____

School Age Care: Week _____

Guardian: _____

Address: _____

City: _____ Zip: _____

Phone: (Day) _____ (Evening) _____

E-mail Address: _____

COMPLETE & RETURN WITH PAYMENT ON THURSDAY TO REGISTER FOR UPCOMING WEEK
The following MUST be signed by all class participants age 18 and older, or by a parent /guardian of any participant under the age of 18.

I CERTIFY THAT MY DEPENDENT LISTED ABOVE (Check one)
____ IS ADEQUATELY INSURED or ____ DOES NOT HAVE INSURANCE, BUT I ASSUME ALL LEGAL RESPONSIBILITY FOR INJURIES/ACCIDENTS ARISING THERE FROM.

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