

Mail to: Nevis Community Education, PO Box 138, Nevis, MN 56467

email: awhite@nevis308.org

Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Program: \_\_\_\_\_ FEE: \_\_\_\_\_  
 Guardian: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_

<b>Method of Payment:</b>
Checks payable to: Nevis School
Check #: _____
Cash: _____
Scholarship (Call 1st) _____

Nevis Gear may be included in your child's participation. Please help us with ordering the correct sizes.
Sm. Med. Lg. XL
Child or Adult

**COMPLETE & RETURN WITH PAYMENT TO REGISTER**

*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.*

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.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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