

Mail registration forms along with payment to:
 Lake Shore Community Education, 42 Sunset Blvd., Angola, NY 14006 or
 Drop off registrations at the Community Education Office located in the Main Office of the William T. Hoag Educational Center.
 Summer Office hours: Monday-Friday 7:30 am—3:30 pm.

Phone: 926-2270 Fax: 549-4391

LAKE SHORE COMMUNITY EDUCATION OFFICE REGISTRATION FORM

Last Name _____ First Name _____ Phone _____

Address _____ Zip Code _____ Evening Phone _____

Age of Participant _____ If under 18 Parents Name _____

Grade _____ School _____ Please list if child has any special needs _____

Emergency Contact and Phone _____ Email Address _____

	PROGRAM NAME	DAY	TIME	FEE
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Method of Payment: Check/Money Order # _____ Credit Card _____ Cash _____ Total Fee Paid _____

If paying by check please provide Driver's License # _____ Receipt # _____

Credit Card Exp. Date _____

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I authorize Lake Shore Central School District to charge my MasterCard/ Visa credit card account # and expiration date below, for the above registered classes.

Signature _____ Date _____

LAKE SHORE COMMUNITY EDUCATION WAIVER FORM

I, (Print Name) _____ and/or my son/daughter _____ hereby acknowledge that I have consulted with my physician and attest that there are no ailments or conditions that could prevent me or him/her from participating in a physical education activity or class. Accordingly, I hereby consent to and wish my child to participate in the physical education class of the Lake Shore Community Education, and to do so without securing a physician's certificate or examination, which I deem to be unnecessary. I hereby release Lake Shore Community Education from any and all liability and waive any claim for injury that might have been forestalled, foreseen, determined, anticipated or uncovered by a physical examination, and accordingly do agree to hold harmless and indemnify the Lake Shore Community Education for any related costs, expenses or losses (including legal fees) which may be related to any such condition which could or would have been discovered by a physical examination. I also hereby release Lake Shore Community Education from any and all liability for personal property damaged, lost or stolen.

Signature _____ Date _____

Signature is required for ALL classes

Please Complete Entire Form

**PLEASE NOTE: PRE-REGISTRATION IS REQUIRED.
 WALK-IN REGISTRATION AT CLASS TIME
 AND REGISTRATION BY PHONE
 ARE NOT ACCEPTED.**