

**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.
Phone: 716-926-2270 Fax: 716-549-4391**

LAKE SHORE COMMUNITY EDUCATION OFFICE REGISTRATION FORM

Last Name _____ **First Name** _____

Address _____ **Town** _____ **Zip Code** _____

****Email:** _____

Age of Participant, if under 18 _____ **Grade** _____ **School** _____

Please list if child has any special needs _____

Parent Name/Telephone _____

Emergency Contact/Phone _____

	<i>PROGRAM NAME</i>	<i>DAY</i>	<i>TIME</i>
<i>FEE</i>			
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

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

Credit Card # _____ Exp. Date _____ CVC Number _____

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 _____ **Receipt #** _____

LAKE SHORE COMMUNITY EDUCATION WAIVER FORM

Lake Shore Central School District Informed Consent and Assumption of Risk Agreement: I acknowledge that I have read this form, fully understand it, and agree to its terms and conditions.

1. I hereby acknowledge that I have completed the necessary paperwork for use of school equipment/facilities and participation in a school/community education activity and returned such to the District. I further acknowledge that I have consulted with my physician and attest that there are no ailments preventing participation in physical activity. I further understand that I will be solely responsible for monitoring the intensity of my use of any equipment and/or participation in any physical activities; and will do so in a way which will not jeopardize my health, safety, or physical well-being, or the health, safety, or well-being of others.
2. I understand that the nature of the supervision for any activity provided by the District is general in nature and the supervisor is not responsible for supervising or monitoring the manner of intensity of my use of equipment or participation in a school/community activity.
3. I hereby acknowledge that my use of the District's equipment or facilities involves risk including possible injuries to bones, muscles, tendons, ligaments, dehydration, abnormal blood pressure, fainting, and heart disorders (including heart attacks). Based on the foregoing, I assume all risks associated with my use of the District's equipment and facilities.
4. I hereby, release Lake Shore Central School District, its Board of Education, in both their corporate and individual capacities, its employees, agents, assigns, for all claims (of any nature) relating to my use of the District's equipment or facilities, including but not limited to claims for personal injury or death, and damage to or loss of personal equipment/property.

If user is under 18 years of age, the user's parent/guardian must also sign this form as acknowledgement and acceptance of the terms and conditions set forth herein on behalf of the user.

Signature of Registrant: _____

Date: _____

Signature of Parent/Guardian: _____

Date: _____