

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: 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 \_\_\_\_\_

	<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 \_\_\_\_\_ Total Fee Paid \_\_\_\_\_

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

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Credit Card Exp. Date \_\_\_\_\_

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.**