

SEP COMMUNITY EDUCATION REGISTRATION FORM

(Please Print Legibly)

Participant Name _____

D. O. B. ____/____/____ Gender _____ Southeast Polk Community School District Resident? Yes _____ No _____

Address _____ City _____ State/ZIP _____

Phone (day) _____ (evening) _____ (cell) _____

Email _____

School/Grade in 2010-11 (if student) _____

Parent's Name (if applicable) _____

Special Accommodations/Allergies/Health Concerns? Yes _____ No _____ If Yes, please specify _____

How did you hear about us? _____ UNIFIER _____ Newspaper Ad _____ Website _____ Friend _____ Flyer _____ Email _____ Other _____

Method of Payment _____ Cash _____ Check (No. _____) _____ MasterCard _____ VISA _____ Discover

Please make checks payable to Central Place - Community Education.

Name on Card _____

Card No. _____ Exp. Date ____/____/____ Signature _____

Program Name	Program No.	Date(s)	Time(s)	Fee
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CENTRAL PLACE
A Family Resource & Community Education Center

I hereby give permission for my child (or myself) to participate in the above registered program(s) and certify that my child (or myself) is physically fit to join in the program(s). I will hold harmless and indemnify the Southeast Polk Community School District or its appointed staff in case of accident/injury or loss of life as a result of participation in the program(s). I understand that the Southeast Polk Community School District does NOT carry health/accident insurance to cover participants. I understand that misrepresentation of any registration information will result in immediate dismissal from the program with NO refund.

Parent/Guardian or Participant Signature (REQUIRED) _____

I and/or my child prefer NOT to be photographed for use in district publications, the website or local media and newspapers.

If your child(ren) qualifies for free or reduced price meals, you may also be eligible for other benefits. One of these benefits is Central Place program fees.

I wish to apply for a full scholarship as my student receives free meals at school. School officials may release my child(ren)'s free eligibility status to Central Place officials to determine scholarship eligibility.

I wish to apply for a partial scholarship as my student receives reduced price meals at school. School officials may release my child(ren)'s reduced price eligibility status to Central Place officials to determine scholarship eligibility.

Parent/Guardian or Participant Signature (REQUIRED) _____

CONSENT AND RELEASE FORM

Participant Name _____ Date _____

I, _____ (participant name), have been informed about the _____ Community Education Program ("Program") to be offered by the Southeast Polk Community School District ("District") at the following Facility:

_____. The Program will be held on _____ from _____ to _____.

I understand that the Program is being offered as a Community Education Program to _____. I am aware that my or my child's participation in this Program is completely voluntary and that I or my child may cease participation in the Program at any time. I also understand that I or my child may be removed from participation in the Program at any time, at the discretion of the District, for failure to follow District policies, rules or procedures with regard to the Program participation.

I understand that participation in the Program may expose me or my child to some risk. Understanding that certain dangers and risks are associated with participation in the Program, and in consideration of my or my child's desire to participate in the Program, I agree to participate in this Program or grant permission for my child to take part in this Program.

I authorize designated Program personnel and staff to exercise necessary authority to protect, render medical attention, discipline and control me or my child as they may deem necessary. My permission is also given for me or my child to receive emergency medical treatment in case of injury or illness. I further understand that the District does NOT carry health/accident insurance to cover participants in the Program and, thus, I am responsible for any medical expenses not covered by my or my child's insurance policy.

Understanding the potential risks involved in my or my child's participation in the Program, I, acting for myself, my heirs and assigns, do hereby release, absolve and forever discharge the Southeast Polk Community School District, its Board of Directors, officers, employees, representatives, agents and chaperones, individually and collectively from, and agree to hold them harmless against, any and all liability, including claims at law or in equity, for any accident or injury, fatal or otherwise or for any property loss or damage which may result from my or my child's participation in the Program.

Participant Signature (REQUIRED) _____

Parent/Guardian Signature (if participant is under 18 years of age) _____