

Student's name: _____ Parent's name: _____

Phone: _____ Phone _____

Email address: _____

Youth information: Age: _____ School: _____ Grade: _____

Concerns an instructor should know about: allergies, epi pens, behavior etc. _____

If your child's after-school class is at ZAC/JWR, will they ride a bus to ZAC? YES or NO,

What will your child do after class (parent pickup or Extended Day)? _____

T-shirts come in youth or adult sizes (if applicable) ☐YS, ☐YM, ☐YL, ☐AXS, ☐AS, ☐AM, ☐AL

Code #	Class Title	Fee
		\$
		\$
		\$

Total Enclosed: \$ _____

This child has my permission to participate in this CCE activity. I understand the Community Education program does not provide insurance. I certify that my child is physically and mentally able to participate in this activity. I will communicate my child's potential medical/medication needs to staff. I, intending to be legally bound, waive and release my rights and claims for damages I may accrue against any and all sponsors of this activity. I understand my child's image may be used for promotional purposes for CCE and/or the CSD.

Parent/Guardian Signature: _____ Date: _____

Office Use Only: cash/check # _____ Entered by _____

✂-----

Student's name: _____ Parent's name: _____

Phone: _____ Phone _____

Email address: _____

Youth information: Age: _____ School: _____ Grade: _____

Concerns an instructor should know about: allergies, epi pens, behavior etc. _____

If your child's after-school class is at ZAC/JWR, will they ride a bus to ZAC? YES or NO

What will your child do after class (parent pickup or Extended Day)? _____

T-shirts come in youth or adult sizes (if applicable) ☐YS, ☐YM, ☐YL, ☐AXS, ☐AS, ☐AM, ☐AL

Code #	Class Title	Fee
		\$
		\$
		\$

Total Enclosed: \$ _____

This child has my permission to participate in this CCE activity. I understand the Community Education program does not provide insurance. I certify that my child is physically and mentally able to participate in this activity. I will communicate my child's potential medical/medication needs to staff. I, intending to be legally bound, waive and release my rights and claims for damages I may accrue against any and all sponsors of this activity. I understand my child's image may be used for promotional purposes for CCE and/or the CSD.

Parent/Guardian Signature: _____ Date: _____

Office Use Only: cash/check # _____ Entered by _____