

Community Education Youth Registration Form

Duplicate as needed. Complete form and drop off at a public school office or mail with payment to: HLWW District 2687
Community Education, P.O. Box 708, Howard Lake, MN 55349

Mother/Guardian _____ Work Phone _____ Cell Phone _____

Father/Guardian _____ Work Phone _____ Cell Phone _____

Mailing Address _____

City _____ Home Phone _____

E-mail address _____

Child's Name	Date of Birth	M/F	Age	Grade	Activity Name	Start Date & Time	Fee
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Statement of release: I, the undersigned, agree to release District 2687 Public Schools, Community Education, its employees and volunteers of all liability related to accidents or injuries which myself or a member of my family might incur while participating in the above activities. I give permission for my child's picture to be used for promotional materials. I have adequate insurance protection for my child and will assume all responsibility for injuries incurred while practicing for or participating in the above activity. If you enroll your school-aged child in a public school activity, he or she must abide by the anti-bullying policy at all times while participating in that activity. Violations of this policy may result in your child's removal from the activity in question, and/or other consequences, as described in the policy. We ask that you review this policy in full with your child. The complete policy is available on the school website www.hlww.k12.mn.us or in Community Education office.

Parent's Signature _____ Date _____

Make check payable to: HLWW District 2687 Community Education or use a VISA/MasterCard

Credit Card Information: Charge my VISA/MasterCard

Card Number: _____ - _____ - _____ - _____ Expiration date _____

Card Holder's Signature _____ UCare ID No. _____