

YOUTH & ADULT REGISTRATION FORM

Medford Community Education, 750 2nd Ave. SE, Medford MN, 55049

Name: _____ Grade: _____

Address: _____ City & Zip: _____

Home Phone: _____ Cell or Work Phone: _____

E-mail address: _____

• Class/Activity: _____ Cost: _____

• Class/Activity: _____ Cost: _____

• Class/Activity: _____ Cost: _____

Total Amount Enclosed: \$ _____ T-shirt Size - (Youth): S M L (Adult): S M L XL XXL

Make checks payable to: Medford Community Education

- Any medical conditions or special needs the instructor should be aware of?

Statement of Release:

I agree to release District # 763, Community Education, and its employees of all liability related to accidents or injuries which my child might incur while participating in the above-mentioned activity.

Signature of parent/guardian

Date

____ I have included \$1.00 donation for the Medford Community Education Scholarship Fund.

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