

Community Education Registration

Please Print

Fees must accompany this form.

Name _____.

Emergency Contact _____.

Address _____ City _____ State _____ Zip _____.

Home Phone _____ Daytime Phone _____ Email _____.

Health Concerns: _____.

I am aware that the Oregon School District DOES NOT carry insurance on program participants and I hereby waive them of any liability. **I have read and understand the refund policy (page 3).**

Signature of Adult or Parent/Guardian

CHOICES:	CLASS NAME:	DATE:	TIME:	FEES:
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

**Make checks payable and send to: Community Education/OSD
249 Brook Street, Oregon, WI 53575**

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