

Canby Community Education

Registration Form

Mail, Fax or bring to OUR NEW LOCATION:
1859 S. Township Rd., Canby OR 97013

Participant's Name _____
Last First Date of Birth Grade / School (if appropriate)

Other Participant _____
Last First Date of Birth Grade / School (if appropriate)

Other Participant _____
Last First Date of Birth Grade / School (if appropriate)

Address _____
Street City State Zip

Home Phone (503) _____ Work Phone (503) _____ Emergency Phone (503) _____

Class or Activity	Participant's Name	Age if a minor	Start Date/Day/Time	Tuition	Fees

Payment by: Visa MC Card # _____ Exp Date _____ Cash Check/No. _____

Parent Signature (if minor) _____ Date _____

Please read and sign the following medical consent, media release, and release of liability to complete registration: Canby School District does not provide medical insurance for participants of any community education programs. I will assume responsibility for all medical care resulting from injuries sustained by myself/child due to participation in any of these programs. I release and discharge Canby School District from any and all claims for personal injuries. In absence of signature, payment of fees and participation in the program shall constitute acceptance of the conditions set forth in this release. I give my permission to have my/my child's photo taken during classes/programs/events to be used for publicity purposes by Canby Community Education. No names will be associated without permission.

Parent Name (please print) _____ Parent Signature _____

Providing your Social Security number is **voluntary**. If you provide it, CCC will use your Social Security number for keeping records, doing research, aggregate reporting, extending credit and collecting debts. Your Social Security number will not be given to the general public. If you choose not to provide your Social Security number, you will not be denied any rights as a student. Please read the statement in the CCC Schedule of Classes which describes how your number will be used. Providing your Social Security number means that you consent to use of the number in the manner described. Social Security # _____