



**Canby Community Education**  
**Registration Form**

Mail or bring to:  
**1130 S. Ivy, 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 ( ) Work Phone ( ) Emergency Phone ( )

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 \_\_\_\_\_

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