

Chelmsford Community Education Registration Form—Winter/Spring 2012

Register for programs either in person, by mail, or by fax 978-251-5154. All programs must have sufficient enrollment to be offered. Consider your registration accepted unless otherwise notified. Confirming notification will not be given. For further information call Community Education at 978-251-5151. See more details regarding reservations on the website. DO NOT USE THIS FORM TO REGISTER FOR TRIPS OR REVOLUTION PREP SAT CLASSES.

PLEASE PRINT LEGIBLY

Course #: _____ Course Name: _____

Starting Date: _____ Start Time: _____ Day(s) Mon Tue Wed Thu Fri

Participant's Name: _____

Parent/Guardian Name: _____

Street: _____ Town: _____ State: _____ Zip: _____

Home#: _____ Cell #: _____ Work #: _____

Email Address: _____

Emergency Contact Name: _____ Phone # _____

Does the participant have any conditions or physical limitations which the staff should be aware of?

Please explain: _____ Epi-pen? _____

Participants in our programs are filmed occasionally for news or advertising purposes. Please check off the box if you do not give permission for yourself or for your child(ren) to be used for these purposes.

I am taking this course for high school credit: Yes _____ No _____

Written approval for High School credit must be obtained from the student's principal, dean, or guidance director prior to the start of class.

How did you hear about this course? brochure _____ newspaper _____ website _____ friend _____ previously participated _____ other _____

CHELMSFORD PUBLIC SCHOOLS, 2011-2012
PARENTAL CONSENT, RELEASE FROM LIABILITY AND INDEMNITY AGREEMENT

We the undersigned father and mother or guardian(s) of _____, a minor, do hereby consent to his/her participation in Chelmsford Community Education Programs and do forever RELEASE, acquit, discharge, and covenant to hold harmless the Town of Chelmsford, the Chelmsford Public Schools, a municipal department within the Town of Chelmsford, a municipal corporation of the Commonwealth of Massachusetts, and its successors, departments, officers, School Committee members, employees, servants and agents, of and from any and all actions, causes of action, claims, demands, damages, costs, loss of services, expenses and compensation on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damage which we/I may now or hereafter have as the parent(s) or guardian(s) of said minor, and also all claims or right of action for damages which said minor has or hereafter may acquire, either before or after he/she has reached his/her majority resulting or to result from his/her participation in the Chelmsford Community Education Programs. FURTHERMORE, we/I hereby agree to protect the Town of Chelmsford, the Chelmsford Public Schools and its successors, departments, officers, School Committee members, employees, servants and agents against any claim for damages, compensation or otherwise on the part of said minor growing out of or resulting from injury to said minor in connection with his/her participation in the Chelmsford Community Education Programs, and to INDEMNIFY, reimburse or make good to the Town of Chelmsford, the Chelmsford Public Schools, or their successors, departments, officers, School Committee members, employees, servants and agents any loss or damages or costs, including attorney's fees, the School Department or the Town or their representatives may have to pay if any litigation arises from said minor's intentional, grossly negligent, or reckless acts or omissions while participating in Chelmsford Community Education Programs.

Signature(s) of Parent(s) or Guardian(s) _____ Relationship _____ Date _____

Child's Last Name _____ First Name _____ Middle Initial _____

Home Street Address _____ City/Town _____ State _____ Zip Code _____

Telephone No. _____ Mo. _____ Day _____ Year _____
Child's Date of Birth

Please print name of participant or parent/guardian: _____

Total Amount enclosed: \$ _____ Check # _____ Cash _____

Checks Payable to: Town of Chelmsford/CommEd

Credit Card Information: Visa () or MasterCard ()

Print Name on Credit Card: _____

Card #: _____ Expiration Date: _____

Signature: _____ Date: _____

Mail or drop off to: Chelmsford Community Education, 170 Dalton Road, Chelmsford, MA 01824