

Plymouth Community Education and Recreation Registration Form

Name: _____

Address: _____

City: _____ ZIP: _____ Phone: _____ (home/work/cell)

E-mail address: _____ (if you would like information about future classes)

Course title: _____ Day and time: _____ Fee: \$ _____

No registration is complete until fees are paid. Make checks payable to and mail or bring registrations to:
Community Education & Recreation, 125 Highland Ave., Plymouth WI 53073

WAIVER STATEMENT

The participant/parent/guardian assumes all responsibility in case of injury or harm to participant. The Plymouth School District, its employees or agents or any volunteers/organizations associated with this activity will not be held responsible for any personal injury or loss that may occur in conjunction with this activity.

DATE: ____/____/____

REQUIRED: Signature of participant (or parent/guardian if participant under 18)

OFFICE USE: Date _____ Amount _____ Cash _____ Check # _____