

Students Name: _____

Parent's name if student is under age 18: _____

Address: _____

Phone: # _____ Phone # _____

Email Address: _____

Youth Info Only: Age: _____ Gender: M F School: _____ Grade: _____

Medical Information: _____

Who will pick your child up OR Extended Day (added fee)? _____

T-shirts come in youth or adult sizes (if applicable) YS, YM, YL, AXS, AS, AM, AL

Code #	Class Title	Fee
#		\$
#		\$
#		\$

Total Enclosed: \$ _____

_____ has my permission to participate in this CCE activity. I understand the Community Education program does not provide insurance. I certify that my child is physically and mentally able to participate in this activity. I will communicate my child's potential medical/medication needs to staff. I, intending to be legally bound, waive and release my rights and claims for damages I may accrue against any and all sponsors of this activity. I understand my child's image may be used for promotional purposes for CCE and/or the CSD.

Parent/Guardian Signature: _____ Date: _____

Office Use Only: cash/check # _____ Entered by _____

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To Register: mail in or walk in to:

Camas Community Education
 841 NE 22nd Avenue * Camas, WA 98607
 360-833-5544 or 360-833-5548
 Monday - Friday
 8:00AM - 4:00PM

We accept checks payable to CCE or exact cash.

Online registration is available at CamasCommunityEd.org.

All classes have minimum and maximum enrollment. If minimum is not met the class will be canceled. When maximum is met the class will be closed to enrollment.

Refunds

Prorated refunds may be given if the office is notified prior to the second class. Refunds will be given for one day classes if the office is notified three days prior to the class. A \$5.00 processing fee will be charged for refunds.

School Closures

If Camas School District is closed due to weather related issues then Community Education classes will not be held.