

**Mail in registration begins
Monday, June 9, 2008**
Checks, Money orders, or Master /Visa Card number
Mail registration form with payment
Lake Shore Community Education
959 Beach Rd, Angola, NY 14006
NON-RESIDENTS MUST PAY A \$5.00 OVERALL FEE.

**Drop off Registration at
Community Education Office Drop Slot**
Located: Basement
959 Beach Rd, Angola
926-2270 or 549-2300 ext. 2270
Fax: 926-2272

**LAKE SHORE COMMUNITY EDUCATION OFFICE
REGISTRATION FORM**

Last Name First Name Phone

Address City Zip Evening Phone

Parent's Name Age of Participant Grade School

If child, please list if child has any special needs Emergency Contact Emergency Phone

<i>PROGRAM NAME</i>	<i>DAY</i>	<i>TIME</i>	<i>FEE</i>
1. _____			
2. _____			
3. _____			

Method of Payment: Check/Money Order # _____ Cash _____ Total Fee Paid _____

I authorize Lake Shore Central School District to charge my MasterCard/Visa credit card account # and expiration date below, for the above registered classes.

Driver's License # _____

redit Card

**Health Insurance
Carrier for BWI Classes** _____

Signature _____ Exp. Date _____

**LAKE SHORE COMMUNITY EDUCATION PHYSICAL EDUCATION WAIVER
(PLEASE FILL OUT IF YOU ARE DOING A SPORT CAMP)**

I hereby state that (fill out appropriate line – if both are registering, fill out both)

I, (Print Name) _____ and/or
my son/daughter _____ do(es) not have any ailments or conditions
that could prevent me or him/her from participating in a physical education activity or class.
Accordingly, I hereby consent to and wish my child to participate in the Physical Education
class of the Lake Shore Central School District's Community Education, and to do so without
securing a physician's certificate or examination, which I deem to be unnecessary.

I hereby release Lake Shore Central School District from any and all liability and waive any
claim for injury that might have been forestalled, foreseen, determined, anticipated or
uncovered by a physical examination, and accordingly do agree to hold harmless and
indemnify the Lake Shore Central School District for any related costs, expenses or losses
(including legal fees) which may be related to any such condition which could or would have
been discovered by a physical examination.

Class Name _____ Class Day and Time _____

Signature _____ Date _____