

# Soldotna Community Schools Registration Form

This registration will suffice for your **WHOLE** family for **IN-PERSON** as well as **MAIL-IN** registration.

Participants Name: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ (email is required and will only be used for class updates or cancellations)

<u>Participant Full Name</u>	<u>Class Title</u>	<u>Date</u>	<u>Day</u>	<u>Fee</u>
<ul style="list-style-type: none"> <li>• One check or money order for all classes.</li> <li>• Payment must accompany registration form.</li> <li>• Make all checks payable to “Soldotna Community Schools”</li> <li>• Mail to: 538 Arena Ave, Soldotna, AK 99669</li> </ul>			<b>Total Fee</b>	\$
			<b>Donation</b>	\$
			<b>Total Due</b>	\$

You will not be contacted unless there is a problem with your registration or the class(es) you have selected. See you in class!

The undersigned, as participant or parent or legal guardian of a participant in community education classes sponsored by the KPBSD & City of Soldotna, recognizes that some of the classes might involve physical activities that could result in injury or personal property damage. Knowing that there can be a risk of injury or personal property damage, the participant's agree to assume full responsibility for any and all reasonable risk to themselves and will release, waive and hold the KPBSD & City of Soldotna and/or the Soldotna Community Schools Program and employees, agents and volunteers harmless from any and all actions, causes of action, claims, demands, damages, costs, loss of service, expenses and compensation, on account of, or in any way growing out of, any and all known and unknown personal injuries and property damage that might arise from the participant's involvement in the classes/activities.

If the participant is a minor child, the undersigned parent/legal guardian consent to said minor child participating in classes and authorizes Soldotna Community Schools to obtain any and all necessary emergency medical care or treatment for the minor child, if reasonable attempts to notify the parent or legal guardian are unsuccessful.

Participation in or attendance at programs or events sponsored by the Soldotna Community School Program constitutes the voluntary consent of the participant or attendee to: (a) be photographed, filmed or videotaped by a Department representative and (b) the reproduction and use of all such photographs, digital images, films and likenesses for publicity purposes in publications, brochures, advertisements, promotional and marketing materials and all other media venues.

**Adult Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Official use only:**      Method of Payment       Cash       Check # \_\_\_\_\_      Total Received: \_\_\_\_\_

   Date received \_\_\_\_\_      Employee \_\_\_\_\_