

**FISD Community Education/After School Registration**

Make Checks Payable to:  
Friendswood Community Education  
302 Laurel Drive, Friendswood, TX 77546

**Office Use Only:**

Paid \_\_\_\_\_  
Check \_\_\_\_\_  
Cash \_\_\_\_\_

Name \_\_\_\_\_ School \_\_\_\_\_ Grade/HR Teacher \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Cell/Work Telephone \_\_\_\_\_

Emergency Contact (other than parent) \_\_\_\_\_ Telephone \_\_\_\_\_

Course \_\_\_\_\_ Session \_\_\_\_\_ Dates \_\_\_\_\_ Days \_\_\_\_\_ Fee \_\_\_\_\_

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Course \_\_\_\_\_ Session \_\_\_\_\_ Dates \_\_\_\_\_ Days \_\_\_\_\_ Fee \_\_\_\_\_

**Liability Release:** I hereby release Friendswood Independent School District, its agents, employees, independent contractors and volunteers from all responsibility in case of illness, injury, accident, or other loss. I authorize medical treatment for my child in the event it is deemed necessary. I understand I will be notified only if a class is full or canceled.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_ Volunteer/Class \_\_\_\_\_

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