

YOUTH REGISTRATION FORM

Please make checks payable to:
Friendswood Community Education
302 Laurel Drive
Friendswood, TX 77546

Office Use Only:
Paid _____
Check _____
Cash _____

Name _____ Sex _____ Age/School _____
Address _____ Telephone _____
Parent/Guardian _____ Work Phone _____
Emergency Contact (other than parent) _____ Telephone _____
Doctor _____ Telephone _____
Course _____ Session _____ Dates _____ Days _____ Fee \$ _____
Course _____ Session _____ Dates _____ Days _____ Fee \$ _____

LIABILITY RELEASE: I hereby release Friendswood ISD, 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

(Revised 9/10/07)



YOUTH REGISTRATION FORM

Please make checks payable to:
Friendswood Community Education
302 Laurel Drive
Friendswood, TX 77546

Office Use Only:
Paid _____
Check _____
Cash _____

Name _____ Sex _____ Age/School _____
Address _____ Telephone _____
Parent/Guardian _____ Work Phone _____
Emergency Contact (other than parent) _____ Telephone _____
Doctor _____ Telephone _____
Course _____ Session _____ Dates _____ Days _____ Fee \$ _____
Course _____ Session _____ Dates _____ Days _____ Fee \$ _____

LIABILITY RELEASE: I hereby release Friendswood ISD, 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

(Revised 9/10/07)