

## YOUTH REGISTRATION FORM

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

Office Use Only:  
Check \_\_\_\_\_  
Cash \_\_\_\_\_

### ***\*Required Fields***

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

\*Address/Zip Code \_\_\_\_\_ \*Telephone \_\_\_\_\_

\*Parent/Guardian \_\_\_\_\_ \*Alternate Telephone \_\_\_\_\_

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

\*Course Code: \_\_\_\_\_ \*Course Name \_\_\_\_\_ Fee \_\_\_\_\_

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**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.** Signature of parent or legal guardian required.

\*Signature \_\_\_\_\_ Date \_\_\_\_\_ \*Email \_\_\_\_\_

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