



Central Wyoming College

Community Education Registration Form

Participant First Name _____ M _____ Last Name _____

Street Address _____ City _____ Zip _____

Birthdate _____ Grade _____ Phone _____

Email Address _____ or Text Message Number _____

Emergency Contact _____ Phone Number _____

Class #	Class Title	Dates	Time	Location	Fee

I, _____ parent/guardian/participant, hereby give permission for any and all medical attention to be administered to my child in the event of accident, injury, sickness, etc. under the direction of CWC, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment.

In consideration for the acceptance of my child's entry, I hereby, for myself, my child, and my heirs, waive and release any and all rights and claims for damages I or my child may have against Central Wyoming College and their representatives and assigns for any and all injuries suffered by myself or my child at any activity sponsored by Central Wyoming College.

I understand that during an activity, my child's conduct directly affects the good order and safety of the group. I expect my child to exhibit conduct, and behave in accordance with their regular school rules. I agree that acts such as using tobacco, speaking with profanity, consuming intoxicating drugs or beverages, fighting or stealing cannot be tolerated. I agree to be financially responsible for any loss, damage, loss or use, or costs to persons or property caused by the actions of my child. If, at the sole discretion of the registered adult leader on an activity, my child's acts or continual behavior and conduct violates school rules and regulations, I understand that I will need to make immediate arrangements to pick up my child from CWC and that my child will be suspended from all remaining program sessions

Parent/Guardian Signature _____ Date _____

Participant Signature _____ Date _____

Payment Information

Total Registration Amount \$ _____ Cash Check - **Payable to CWC**

Discover MasterCard Visa (please fill out info below)

Authorized Signature _____ Date _____

Cardholder's Name _____ Expiration Date: _____

Credit Card Number _____ Verification Code: _____