

REGISTRATION FORM

NO. AND COURSE TITLE

NAME AND ADDRESS

E-MAIL ADDRESS: \_\_\_\_\_

PHONE NO: \_\_\_\_\_

FEE: \_\_\_\_\_ CK. NO. \_\_\_\_\_

I hereby release the Palisades School Board from any and all liability for personal injury or property damage that I may suffer or sustain by reason of the use of the school building and its entrances, exits, the equipment or facilities, or as a result of my attendance at any Community School Program.

Signature

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