

**Pentucket Regional School District
Community Education Program
Registration Form**

First Name of Participant _____ Last Name _____

Address _____

Town: _____ State _____ Zip _____ School (students only) _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email (please note that email is the main source of communication, please indicate if it is better to call) _____

Name of Parent (if student is a minor) _____

Parent Address (if different from student): _____

Town _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Doctor _____ Doctor Phone _____

Health Insurance _____ Group/Subscriber Number _____

Subscriber _____

Allergies to Medicines _____

Emergency Contact Name _____

Home Phone _____ Cell Phone _____

Fees

| Participant Name | Grade (student) | Sex (m/f) | Week | Event | Fees |
|------------------|-----------------|-----------|------|-------|------|
| | | | | | |

Club Participation Fee _____

Non-District/Residents pay an additional \$10 \$10 _____

Gift Certificate/Voucher (attach) _____

Please make checks payable to PRSD
Please send payment to: Community Education
Pentucket Regional School District, 22 Main St, West Newbury, MA 01985

Total Fee _____

Photo Release

Permission is hereby **GRANTED/NOT GRANTED** (circle one) to Pentucket Community Education representatives, to take and use: photographs and/or digital images of student for use in news releases and/or educational materials as follows: printed publications or materials, electronic publications, or Websites. I agree student identity may be revealed in descriptive text or commentary in connection with the images(s). I authorize the use of these images without compensation to me. All negatives, prints digital reproductions shall be the property of Pentucket Community Education.

Cancellation/Refund Policy

Programs will not be held when Pentucket schools are closed due to inclement weather or holiday. Classes will be rescheduled for a later date. Community Education reserves the right to cancel and/or combine any program with insufficient enrollment. We will gladly refund any registration fee from a canceled class. All participants will be notified of any changes in the schedule. No refunds will be given, except in medical emergencies with a doctor's note. Please allow 2-3 weeks for refund.

Respect & Behavior

FORM NOT VALID UNLESS SIGNED HERE BY STUDENT & PARENT/GAURDIAN

PCE expects that all of our students will be on their best behavior. But, if there are cases of students not respecting other children or adults, they will be asked to leave and no refunds will be given. As a school sponsored program and an extension of our in-school programming for students, **ALL Student Handbook rules and requirements related to behavior apply.**

Parent Signature _____ Student Signature _____

Participation in this program may involve risk of injury. As a parent, guardian, or participant, I am aware of these hazards and my ability to participate. In consideration for participation in the program(s) listed above, I hereby for myself, my heirs, executors and administrators waive and release any and all claims of damage against the Pentucket Regional School District, its successors and assigns, employees, agents, and representatives for any and all kinds of injury, including but not limited to personal injury and/or property damage suffered by my child, or myself, or my ward, while participating in this activity. In addition, I give my permission for the child(ren) to be treated by qualified medical personnel in the event that the above named parent/guardian can not be reached at the phone numbers above.

SIGNATURE: _____ **DATE:** _____