

Community Education Registration

Mail or Drop off: 1200 Town Square, Fax: 952.496.5098 (call to confirm receipt)

Or register online at www.shakopee.12.mn.us - select Community Education/Questions? Call 952.496.5029

Participant's Name _____ *Email _____
**By sharing your e-mail, you will be sent a confirmation e-mail and may be contacted regarding upcoming classes, events & specials.*

Address _____ City _____ Zip _____

Home Phone _____ - _____ - _____ Work Phone _____ - _____ - _____ Cell Phone _____ - _____ - _____

Youth Class Info ***For Run 'n' Read please indicate t-shirt size _____ ***

Birth date ____ / ____ / ____ M / F Parent's Name _____
 (circle one)

Emergency Contact _____ Emergency Contact Phone Number _____ - _____ - _____

Special Needs _____

Class Name	Class Code	Start Date	Fee

Liability: I hereby release, absolve, and hold harmless Shakopee Community Education and ISD #720, its officers, employees and agents from any damage resulting from an injury incurred by me or my child while participating in the above mentioned programs. I understand Shakopee Community Education and School District #720 assume no responsibility before, during or after the program. By signing this form, I am allowing photos or videotapes of my child to be displayed publicly in school district publications or communications.

Signature _____ Date ____ / ____ / ____

Visa Mastercard Discover / Card Number _____ - _____ - _____ Exp Date ____ / ____
 (circle one)

Participant's Name _____ *Email _____
**By sharing your e-mail, you will be sent a confirmation e-mail and may be contacted regarding upcoming classes, events & specials.*

Address _____ City _____ Zip _____

Home Phone _____ - _____ - _____ Work Phone _____ - _____ - _____ Cell Phone _____ - _____ - _____

Youth Class Info ***For Run 'n' Read please indicate t-shirt size _____ ***

Birth date ____ / ____ / ____ M / F Parent's Name _____
 (circle one)

Emergency Contact _____ Emergency Contact Phone Number _____ - _____ - _____

Special Needs _____

Class Name	Class Code	Start Date	Fee

Liability: I hereby release, absolve, and hold harmless Shakopee Community Education and ISD #720, its officers, employees and agents from any damage resulting from an injury incurred by me or my child while participating in the above mentioned programs. I understand Shakopee Community Education and School District #720 assume no responsibility before, during or after the program. By signing this form, I am allowing photos or videotapes of my child to be displayed publicly in school district publications or communications.

Signature _____ Date ____ / ____ / ____

Visa Mastercard Discover / Card Number _____ - _____ - _____ Exp Date ____ / ____
 (circle one)

Exp Date ____ / ____