

Plymouth Community Education
Registration Form

Name: _____
Address: _____
City: _____ Zip: _____
Phone: Home: _____
Work: _____
Course Title: _____
Course Location: _____
Class Time: _____ Day: _____
Other: _____
Fee Enclosed: \$ _____

NO REGISTRATION IS COMPLETE UNTIL THE FEES ARE PAID

Make checks payable and mail with form to:

Community Education
125 Highland Avenue
Plymouth, WI 53073
WAIVER STATEMENT

For Office Use Only

Date	Amount\$	Cash	Check#
------	----------	------	--------

The participant/ parent/ guardian assumes all responsibility in case of injury or harm to participant. The Plymouth School District, its employees or agents or any volunteers/ organizations associated with this activity will not be held responsible for any personal injury or loss that may occur in conjunction with this activity.

Signature of Parent or Guardian or Participant (18+)

Fees: *Total registration fees are printed in course descriptions.*

Scholarships: *If you are interested in taking a class and are unable to pay the fee, contact the Community Education Office for financial assistance information.*

1. Complete a separate registration form for **Each Person and Each Class**, with **Separate Checks**. *No registration is complete until the fees are paid.*
2. Registration **WILL NOT BE HANDLED AT THE CLASS SITE. INSTRUCTORS HAVE THE AUTHORITY TO NOT ALLOW PARTICIPATION UNTIL PROOF OF REGISTRATION IS GIVEN.**
3. Confirmation: to keep class costs down confirmation is not sent. You will only be notified if your registration is incomplete or if a class is to be cancelled.
4. **No refunds will be made after the first class!**