

High School Credit Classes

Battle Ground Community Education

Registration Form

Instructions:

1. Obtain list of class offerings & registration form from school counselor/official or Community Ed.
2. Have registration form signed by counselor (required) and parent if under 18 years of age.
3. **Mail form with payment to:** **OR** **Walk in to:**
Community Education
PO Box 200
Battle Ground, WA 98604-0200
(360) 885-6584
Community Education Office
104 W. Main Street
Battle Ground, WA

Last Name: _____ First Name: _____

Address: _____

City, State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

Class Title	Location	Class Date(s)	Day(s)	Time	Fee

The Battle Ground School District complies with all Federal and state rules and regulations and does not discriminate on the basis of race, color, national origin, gender or disability. This holds true for all students who are interested in participating in educational programs and/or extracurricular activities. Harassment of any employee/student with regard to race, color, national origin, gender or disability is strictly prohibited. Inquiries regarding compliance and/or grievance procedures may be directed to the District's Title IX Officer, JoDee McMillen, 360-885-5202, Section 504/ADA Coordinator, Jane Mercier, 360-885-5413 or Sexual Harassment Coordinator, Marcia Christian, 360-885-5415 or submitted in writing to the designated coordinator at PO Box 200, Battle Ground, WA 98604.

Hold Harmless Agreement and/or Parent/Guardian permission for youth participation:

In the event of an emergency, I grant permission for emergency treatment to be given and agree to pay all costs incurred from this emergency. I understand that Battle Ground Community Education does not provide insurance to participants. I agree to indemnify and hold harmless the Battle Ground School District, Community Education, employees, elected officials, and volunteers while acting within the scope of their duties as such, from and against all claims, demands, losses, and liabilities of any kind and character, including costs of defense, arising out of or in any way connected with the registrant's participation in this Community Education activity. I assume the responsibility for arranging transportation. I also give permission for the above registrant to be photographed and for such photographs to be released for publicity purposes. The participant on this registration form, if a minor, has my permission to participate in this Community Education activity. In absence of a signature, payment of fees and/or participation in this program shall constitute acceptance of the conditions set forth in this agreement.

School 2005-2006: _____ School 2006-2007: _____ Sex: M / F

Year student will graduate: _____ Date of birth: _____ Grade (2006-2007): _____ Age: _____

Parent/Guardian Signature: _____ **Date:** _____

Student Signature: _____

School Official Signature: _____

Credit Card: VISA _____ MasterCard _____ **Card Number:** _____
Expiration Date: _____ **Signature:** _____ **Cost:** _____
Please print name as it appears on card: _____
I acknowledge that my signature above indicates approval for the CE fees to be charged to my credit card account indicated above.

To receive registration confirmation, please send a self-addressed, stamped envelope.