

WISD Community Ed Team Registration

900 N. Elm St., Weatherford TX 76086 ~ 817-598-2806 ~ Fax 817-598-2807

ALL fields are required to process your registration.

Name/Grade	Grade Fall '18 - _
Birth Date	Month / Date/ Year /
Address	Zip
Cell Phone(s)	
Email Address	
Emergency Contact/ Phone # (other than parent)	
T'Shirt Size	YS YM YL YXL AS AM AL AXL 2XL 3XL

League Name	Team Name	Fee
Girls Competitive Volleyball		\$85

List ALL Team members:

(Each participant must fill out a registration form – only the COACH needs to list players here)

COACH : _____ **PHONE:** _____ **VOL. APP**

PLAYERS:

I recognize the risks of illness and injury inherent in any program and am participating in the express agreement and understanding that I am hereby waiving and releasing the instructors and Weatherford ISD from and against any and all claims, costs, liabilities, expenses, or judgment, including attorney's fees and court costs arising out of participation in this program.

I give my permission to take photos of my participation in or my work in Community Education classes for publication purposes, either in print or on the WISD website.

Participant's Signature

Date

Signature

PAYMENT INFORMATION

(Please Circle Appropriately)

Mail Fax Phone Walk-in

CASH or MONEY ORDER Receipt # _____ **Amount Paid** _____

CHECK Name on Check _____ **DL#** _____

Birth date of Person Writing Check _____ **CK #** _____ **Receipt #** _____

MC VISA Discover Billing address for credit card _____
(If different from above.)

Card No. ____/____/____/____ **Expiration Date** _____

Name on Card _____ **CVV** _____