

WISD Community Education Course Registration
900 N. Elm St., Weatherford TX 76086 ~ 817-598-2806 ~ Fax 817-598-2807
ALL fields are required to process your registration.

~ SPECIAL FORM REQUIRED FOR DRIVER'S ED OR KIDS UNITE ~

Name/Birth Date	____ / ____ / ____
Address	Zip
Home/Evening Phone	
Cell Phone(s)	
Email Address	
Emergency Contact	Phone
T-Shirt Size for Sports Camps/Leagues	(circle one) YS YM YL AS AM AL AXL A2XL
<input type="checkbox"/> Male <input type="checkbox"/> Female	
Adult Senior (55+) Child (Age _____ Grade _____ Campus_____)	

Class, Camp, or League Name	Dates	Time	Fee

TOTAL FEE

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 or Minor's Parent/Guardian Signature _____ Date _____

Signature

PAYMENT INFORMATION

(Please Circle Appropriately)

Mail Fax Phone Walk-in

CASH or MONEY ORDER Receipt # _____

CHECK Name on Check _____ DL# _____

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

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

Card No. _____ / _____ / _____ / _____ Expiration Date _____

Signature _____ Receipt # _____