WAIVER AT BOTTOM MUST BE COMPLETED FOR ALL CLASSES

Registration Form

COMPLETE ONE FORM PER STUDENT
Do not cut or tear. Enclose entire form with money order, check, or credit card number.

Drop off or mail to:
Ken-Ton Community Education
155 Delaware Road, Buffalo, NY 14217

Student Name: _____ (LAST) _____ (FIRST)

Check one:
❒ Resident
❒ Non Resident

Address: _____ (NO. & STREET) _____ (CITY/STATE) _____ (ZIP)

Telephone: _____ (DAYTIME) _____ (EVENING)

Email: _____ ❒ *Please check if address or telephone has changed recently.*

Method of Payment *(Check one)*

❒ Check or money order **payable to: Ken-Ton UFSD**
Check # _____
❒ Cash (Do not send cash in the mail)
❒ MasterCard ❒ VISA ❒ AMEX ❒ Discover

Credit card number

Name of cardholder: _____

(Signature of cardholder) (Card Expiration Date)

(Address of cardholder if different from student)

Courses desired (List each course separately)

1 Page # _____ Course # _____ **Amount paid or to be charged $** _____ (This course only)

Course Name _____ ❒ Ken-Ton Gold Card ❒ Ken-Ton District Employee

Start Date _____ Time _____ Course Fee _____ Day(s) of the week on which this course is held: _____

Additional Information _____

2 Page # _____ Course # _____ **Amount paid or to be charged $** _____ (This course only)

Course Name _____ ❒ Ken-Ton Gold Card ❒ Ken-Ton District Employee

Start Date _____ Time _____ Course Fee _____ Day(s) of the week on which this course is held: _____

Additional Information _____

Total Amount Paid (or to be charged) **$**

Kenmore-Town of Tonawanda Union Free School District Community Education Program Waiver and Release

WAIVER AND RELEASE

I hereby state that the student listed above does not have any ailments or physical condition that could prevent me/him/her from participating in a physical activity or class. I realize that there is a risk of injury inherent in physical education activities. I hereby agree to accept and assume all risks inherent in the above specified Community Education Instructional Activity, and I understand that I undertake this activity at my own risk. I voluntarily assume full responsibility for any risk of loss, property damage or personal injury sustained in this Activity. I further agree to hold harmless and indemnify the Kenmore-Town of Tonawanda Union Free School District (the "District") from any and all claims, demands, actions and costs which might arise out of my participation in the above specified Community Education Activity.

In consideration for allowing the student listed to participate in the District's Community Education Activity, as indicated above, to the maximum extent permitted by law, I (the undersigned) hereby release the District, its Board of Education (in their official and individual capacities), employees and volunteers, from any and all liability, claims, costs, expenses, attorney fees, demands, actions and causes of action whatsoever arising out of or related to any loss, damage or injury (including death) that may be sustained while participating in such Activity or while in or on the premises of where the Activity is being conducted. I (the undersigned) further agree that the District shall not be liable to me for any damage, loss, or injury to my person or property, caused by or resulting from any cause whatsoever, including but not limited to, the negligence of the District, its agents and/or employees.

Print Name: _____ Date: _____

Signature _____ (parent/guardian if participant is under 18 years of age)

Address _____

Phone Number _____

FOR ADDITIONAL REGISTRATION FORMS PLEASE VISIT WWW.KTUFSD.ORG - DEPARTMENTS - COMMUNITY EDUCATION - FORMS/RESOURCES