

Registration Instructions – These forms may be duplicated

Registration will be accepted immediately upon receipt of brochure. Make all checks payable to Syosset Central School District. USE SEPARATE CHECKS FOR EACH PERSON REGISTERING AND EACH COURSE. **NO REFUNDS.** You may transfer prior to the first week of classes or upon notification that your first choice has been cancelled. **Please read and sign release statement on reverse side.** MAIL TO: **Continuing Education, Syosset High School, 70 Southwoods Road, Syosset, New York 11791**

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Last Name _____ First Name _____ Address _____ Town _____ Zip Code _____ () _____ Home Phone Number _____ Email Address _____ () _____ Cell Phone _____ Date _____	Course Number _____ Course Name _____ Fee _____ Mon. Tues. Wed. Thurs. Fri. Sun Circle Day of Week Resident - Non-Resident - Senior Citizen \$15.00 Non-Resident Fee <input style="width: 50px; height: 20px; border: 2px solid black;" type="checkbox"/>
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NO CONFIRMATIONS WILL BE SENT
PLEASE READ AND SIGN THE RELEASE STATEMENT ON THE REVERSE SIDE OF THIS FORM.

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_____ DOES HEREBY CONVENANT AND AGREE TO RELEASE AND HOLD HARMLESS
(Participant OR Parent/Legal Guardian if Minor)

THE SYOSSET CENTRAL SCHOOL DISTRICT FROM AND AGAINST ANY AND ALL LIABILITY, LOSS, DAMAGES, CLAIMS, OR ACTIONS (INCLUDING COSTS AND ATTORNEYS FEES) FOR BODILY INJURY AND/OR PROPERTY DAMAGE, TO THE EXTENT PERMISSIBLE BY LAW, ARISING OUT OF PARTICIPATION IN THE CONTINUING EDUCATION PROGRAM.

I UNDERSTAND PARTICIPATION IN THE CONTINUING EDUCATION PROGRAM INVOLVES RIGOROUS PHYSICAL ACTIVITY AND RISKS OF PHYSICAL INJURY, AND I ASSUME THESE RISKS. I HEREBY CONSENT TO OR GIVE CONSENT TO EMERGENCY TRANSPORTATION AND TREATMENT IN THE EVENT OF ILLNESS OR INJURY. I HEREBY ACCEPT RESPONSIBILITY FOR THE PAYMENT OF ANY EMERGENCY TRANSPORTATION OR TREATMENT FOR MYSELF OR ON BEHALF OF THE PARTICIPANT. I FURTHER CERTIFY THAT I AM OR THE PARTICIPANT IS IN GOOD PHYSICAL CONDITION AND I HAVE OR HE/SHE HAS NO MEDICAL OR PHYSICAL CONDITIONS THAT WOULD RESTRICT MY OR HIS/HER PARTICIPATION IN THIS EVENT.

PARENT/GUARDIAN
IF PARTICIPANT IS A MINOR

PARTICIPANT

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