

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. Please use separate checks for each individual registering and for each course. **No refunds will be permitted.** You may transfer funds prior to the first week of classes or upon notification that your first choice has been canceled. Please read and sign the below release statement.

MAIL TO: Continuing Education, Syosset High School, 70 Southwoods road, Syosset, New York 11791

_____ DOES HEREBY COVENANT AND AGREED TO RELEASE AND HOLD HARMLESS...

(Participant or parent/legal guardian)

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. **BY REGISTERING FOR THIS COURSE, I AGREE TO THE POLICIES AND PROCEDURES SET FORTH BY THE CONTINUING EDUCATION PROGRAM.**

(Participant or parent/legal guardian)

(Signature)

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_____ Last name	_____ First name
_____ Address, town, zip code	
_____ E-mail address	_____ Contact number
_____ Course name	_____ Course number
NO CONFIRMATION WILL BE SENT	_____ Course fee <input type="checkbox"/> \$15 NON-RESIDENT FEE

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