La Center Community Education Registration Form

Guardian Name_____Phone #_____Work#_____

Address_____City_____Zip_____

Email_____Emergency Contact#_____

Does your child have any medical condition or allergies of which staff should be aware of? _____No _____Yes, please explain

_____

Do you want to be added to our mailing list? Yes No

Circle T-Shirt size if applicable for class: YS, YM, YL or AS, AM, AL, A-XL

*****Payment may be made in the form of exact cash or check, payable to La Center Community Education (LCCE). No credit or debit cards are accepted at this time.*****

Code #	Class Title	Participant Name	Age & Grade	Male or Female	Class Fee

Total Enclosed: $_____

All class registrations are on a first come first serve basis. Refunds issued only if notification of your intent to withdraw is received at least three (3) days prior to the start of the first class. *There is an $8 processing fee to issue refunds and will be subtracted from the refunds*. **All deadlines are one week prior to class, unless otherwise indicated. A $5 late fee** will be assessed if payments are paid past the deadline. If a class is cancelled the class will either be rescheduled or all money refunded. Some classes have been so full that we now have a two (2) day hold time for your spot in the class. At the time you pre-register you have two (2) days to turn in your payment or your spot will no longer be held. Although we will do our best, we cannot guarantee camp shirts for late registrants.

I assume the responsibility for arranging transportation. I grant permission for emergency treatment to be given. I agree to pay all doctor, hospital & medical costs not covered by my insurance company. I release La Center School District, La Center Community Ed. program & the instructor/director from responsibility for any costs resulting from injuries incurred while participating in the Community Education Program or if a question of liability should occur. In the event of any emergency in which may require medical care, I herby give my consent for medical treatment and permission to the attending physicians to hospitalize, secure proper treatment and order injections, anesthesia's or surgery.

By signing this, I have read and understood the WA State Concussion Law at http://www.cdc.gov/ConcussionInYouthSports/:
Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a "ding" or a bump on the head can be serious. You can't see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

For current and up-to-date information on concussions you can go to: http://www.cdc.gov/ConcussionInYouthSports/

_____ _____ _____
Athlete Name Printed | Athlete Signature | Date

_____ _____ _____
Parent/Guardian Name Printed | Parent/Guardian Signature | Date

On Site Office Registration:
La Center School District
725 Highland Road
La Center, WA 98629
(First portable on the right by the High School)
Monday—Friday 7:30AM until 4:00PM

You will be notified by email or phone a few days prior to the start of the first class of your registration, via email.

Mail Registration to:
La Center Community Education (LCCE)
PO Box 1840
La Center, WA 98629
(If you need a receipt please include a self addressed stamped envelope.)

www.lacenterschools.org
360-263-2015 Office #
360-263-1140 Fax #
Staci Firl– Director
staci.firl@lacenterschools.org

Office Use Only:
Date Rec'd_____
Amount:_____
Cash or Check #_____

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