

Registration Information

Registration Form

Student Name _____ Date of Birth _____ Male/Female _____

Address _____ City, Zip _____

Telephone - Home _____ Work _____

E-mail _____

Class _____ Day _____ Time _____ Start Date _____

Class _____ Day _____ Time _____ Start Date _____

Amount enclosed: \$ _____

Payment Method: Check Cash



Visa/Discover # _____ 3-digit Security Code _____

Mastercard # _____ 3-digit Security Code _____

Cardholder Name _____ Expiration Date _____

Signature of Cardholder _____

I hereby voluntarily release and hold harmless the City of Royal Oak, City of Royal Oak Contractors/Independent Contractors and the Royal Oak School District from all liability for all types of damages or injuries, whether foreseeable or not, sustained by myself, my child and other family members while participating, watching and traveling to or from this activity.

Signed _____ Date _____
(If youth, parent or guardian must sign)

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Signed _____ Date _____