

Community Education Fall 2018 Registration Form

Name: _____

Other Family Members Attending: _____

Address: _____

Phone: _____

Email: _____

Age: (if under 18 please indicate age) _____

Course Title: _____

Course Title: _____

I understand that I am solely responsible for any medical expenses which may result from any injuries, including those resulting from on-site injuries. We advise you to secure a personal health insurance policy if you do not already have one. In addition, I give permission to Community Education to publish any photographs and/or video that would be used for promotional purposes in but not limited to television, newspaper, brochures, magazines, social media and internet web page. (If registering for minor child, guardian must sign.)

Signature _____ Date _____

Amount Enclosed \$ _____ Cash ___ Check ___ Check # ___

Mail Registration and payment to:

Community Education, 430 S. College St., Franklin, KY 42134

Make checks payable to: Simpson County BOE