Adult/Family Registration Form

On-Line registration is also available. (http://cs.cfsd.k12.az.us/webreg)

Name_____ Student's Name_____

Address_____ Zip_____

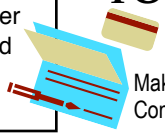
Home phone: _____ Alternate Phone: _____

Email Address: _____

Emergency contact name: _____ Phone: _____

Class Title	Date	Fee

Checks
Money Order
MasterCard
Visa
Discover



Make checks payable to Community Schools.

TOTAL DUE: $_____

RELEASE FORM

I recognize the risks of illness and injury inherent in any educational extension program and am participating upon the express agreement and understanding that I am hereby waiving and releasing the instructors and Catalina Foothills Community Schools from and against all claims, costs, liabilities, expenses or judgments, including attorneys' fees and court costs arising out of participation in the program. I hereby agree to the above statement and am releasing Community Schools and anyone associated with it of any financial and/or medical obligation which might be incurred.

Signature

_____

Date_____

Please complete if paying by credit card (Master Card, Visa or Discover):

Print card holder's name: _____

Card Number: _____/_____/_____/_____

Expiration Date: _____/_____

Authorization Signature: _____

Date: _____