

Aitkin Community Education Registration Form

| CLASS TITLE | START DATE | FEE |
|-------------|------------|----------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

Comments: _____

By signing below, I hereby hold harmless Aitkin Community Education and School District 0001, its officers, employees and agents from any damage resulting from an injury insured by me or my child while participating in the above mentioned programs. I understand Aitkin Community Education and School District 0001 assumes no responsibility before, during or after the program. By signing this form, I am allowing photos to be displayed in school publications or othercommunications.

Name _____

Address _____ City _____ Zip Code _____

Day Phone _____ Evening Phone _____

AGE (please check): 0-5 (child) _____ Youth (grade) _____ 19-54 _____ 55+ _____

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