

ACGC Community Education Registration

Mail to:
ACGC Community Education
 ACGC Jr./Sr. High School
 27250 MN State Hwy. 4
 Grove City, MN 56243

YOU WILL BE NOTIFIED ONLY IF CLASS HAS BEEN CANCELLED.

FOR OFFICE USE ONLY

Date received _____

Check #: _____

Entered: _____

PARTICIPANT'S NAME _____

Parent's Name If participant is under 18 years: _____

Address _____

City, State & Zip Code _____

Home Phone: _____ Work Phone: _____

Age: _____ Grade: _____ Sex: M F

PLEASE MAKE CHECKS PAYABLE TO: ACGC COMMUNITY EDUCATION
CHECK PER ACTIVITY/CLASS. THANK YOU.

Course Title	Fee

In consideration of participation in this ACGC Community Education Activity, I hereby acknowledge and do enter this program at my own risk, assuming all known and unknown risks. I also agree to indemnify and hold harmless the ACGC School District #2396, and its employees, from any and all injuries that may occur. All persons under the age of 18 years must have a parent/guardian signature to participate in this activity.

 Participant or Parent/Guardian Signature (if participant is a child) Date

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