

MAIL IN REGISTRATION FORM:

Gladstone Community Education and Recreation
 17789 Webster Road
 Gladstone, Oregon 97027
 Ph: 503.650.2570 or 503.655.2777
 Fax: 503.655.5201

Payment: Check Visa MasterCard

Name on Card _____

Card # _____ Exp. _____

Signature _____

Sponsored by: Gladstone School District 115 * City of Gladstone * Clackamas Community College

Social Security Number (Optional*): _____ - _____ - _____ Today's Date: _____ Term: Summer Fall
 Winter Spring

Last Name: _____ First Name _____ Initial _____

Address: _____ City: _____ State: _____ Zip: _____

Home Ph: _____ Work or Cell Ph: _____ Date of Birth: ___/___/___ Male Female

If Child, Parents Name: _____

*Providing your social security number is voluntary. If you provide it, your social security number will be used for keeping records, doing research, and reporting. It will not be used to make any decision directly affecting you or any other person. Your social security number will not be given to the general public. If you choose not to provide your social security number, you will not be denied any rights as a student.

Course #	Course Title	Course Date	Instructor	Time	Tuition	Lab Fee	M	T	W	T	F	S
Gladstone Community Education and Recreation supports equal educational opportunity regardless of age, disability, marital status, national origin, race, religion, color, or sex.					Subtotal	\$				Rt#		
					Payment Received	\$				By		

RELEASE FORM

In consideration of my participation (of my said child) in the aforementioned activities, I (we) waive and release any and all rights (as permitted by law) and claims for losses and damage that I (we or our child) may have against the City of Gladstone, its officers and employees and the Gladstone School District 115, arising in any way from (the said) participation, (of our child). This release shall be binding upon our representative, successors and assigns. In the event that (my child) may require(s) emergency medical treatment while participation in the aforesaid activities of the Gladstone Recreation Department/Gladstone Community School, I hereby authorize (my said child to receive) all necessary emergency medical treatment as may be necessary under the circumstances then existent. Unless otherwise noted in the space below, local ambulance service and Willamette Falls Hospital will be used.

If you wish another hospital used, please so note.

Date _____ Signature _____
 Signed adult student or parent/guardian

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