

REGISTRATION FORM

(Please complete a separate form for each Co-ordinator)

Payee Surname: _____ Given Name: _____ Phone: _____

Address: _____
(Street, P.O. Box # or Rural Route) City/Town Postal Code

E-mail address (optional): _____ I will accept e-mail notices: Yes or No

Registrant Surname	First Name	Phone Number	M/F	Course Name Location	Course Cost	Material Fee

Total Fees (Payable to Bluewater District School Board): \$ _____ **Paid by:** Cash _____ Cheque _____ Visa _____ M/C _____

Payee Signature: _____ Card #: _____ Expiry: _____

The registrant, as an enrollee in the course/activity designated above, recognizes that there are inherent risks in any activity and significant risks of injury in sports and shop activities. The registrant agrees to assume all risks incident to participation in said class/activity and shall fully indemnify and hold harmless Bluewater District School Board from and against all losses, costs, charges, damages, expenses, awards, liens, claims and demands whatsoever which the Bluewater District School Board may be subject to as a result of this participation in said class/activity.

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