

Spanish Language & Culture Class

with Ms. Munroe

Tuesdays & Thursdays

February 6th - March 8th

3:30-4:30 pm

Pre-Registration Required
\$25.00

Minimum enrollment
15 students
Class will be cancelled if minimum not met



Registration Form High School Students Only



Student Name: _____ Grade: _____ DOB: _____ Gender: M F
(Last) (First)

Mailing Address: _____
(Street # or PO Box) (City) (State) (Zip)

Student Home Phone: _____ Student Cell Phone: _____

Parent / Guardian # 1: _____ Phone: _____

Parent / Guardian # 2: _____ Phone: _____

Alternate Emergency Contact: _____ Phone: _____

Bend La Pine School District Waiver

La Pine Park & Recreation District has sought and acquired a grant to provide after school tutoring and enrichment activities to our middle school and high school students. Part of the outcomes used to monitor success of the program is improved individual student attendance and academic performance. In order to comply with program guidelines it is necessary for La Pine Park & Recreation District to access student attendance and performance data for each student enrolled in the program. This includes letter grade and testing data. Student data collected and reported will not individually identify your student but will be used solely for the purpose of reporting program progress.

_____ **Accept** Bend La Pine School District Waiver _____ **Deny** Bend La Pine School District Waiver
Signature *Signature*

Agreement, Waiver & Release

I hereby register my youth for the Community School Program through the La Pine Park & Recreation District. I authorize the staff and volunteers of the program to direct my youth in participation of activities. I know of no mental or physical problems which may affect my child's ability to *safely participate* in activities offered. I authorize the staff and or volunteers to attend to any health problem or injury to my child that may occur while participating. I hereby release and hold harmless the Bend -La Pine School District, volunteers of the La Pine Park & Recreation District program, La Pine Park & Recreation District players, instructors, agents and board of directors, from any liability that may arise from my child's participation. I acknowledge that I am responsible for any medical expenses due to my child's illness or injury. I acknowledge I have read the above waiver and releases and understand that I give up substantial rights by signing below and do hereby sign voluntarily.

Signature: _____

For Office Use Only			
Registration Paid	\$ _____	Ck # _____	Cash _____
Scholarship Applied?	____ Yes	____ No	
Scholarship Received	\$ _____		