

**The School District of Rhinelander
Community Education Program
Course Registration Form**



Course Name(s):	
Course Number(s):	
Class Participant's First and Last Name:	
Mailing Address:	
City, State and Zip Code:	
Primary Phone Number:	
Emergency Contact Name and Phone Number:	
Email Address:	
Additional Information <i>(Medical Conditions, Food Restrictions Food Allergies, Other):</i>	
<p>Waiver Statement: The participant/parent/guardian assumes all responsibility in case of injury or harm to participant. The School District of Rhinelander, its employees or agents or any volunteers/organizations associated with this activity will not be held responsible for any personal injury or loss that may occur in conjunction with this activity.</p> <p>Signature: _____</p>	

TO REGISTER, COMPLETE THE REGISTRATION FORM AND RETURN IT WITH PAYMENT TO:

School District of Rhinelander
Community Education Program *(Please include this!)*
 665 Coolidge Avenue - Suite B
 Rhinelander, WI 54501

Check may be made payable to: SDR

Office: (715) 365-9745
 Mike Cheslock, Community Education Coordinator
 Email: cheslmik@rhinelander.k12.wi.us

Refund Policy: The determination to hold classes is based upon the number of paid participants. We are unable to refund once the class is held because of instructor and class material fees.

For School District Use Only:

<i>Date Received:</i>
<i>Payment Received:</i>
<i>Successfully Enrolled:</i>