

The School District of Rhinelanders Community Education Program Course Registration Form

Course Name(s): _____

Participant's First and Last Name: _____

Date of Birth: _____

Mailing Address: _____

City, State and Zip Code: _____

Primary Phone Number: _____

Emergency Contact Name and Phone Number: _____

Email Address: _____

Additional Information (Medical Conditions, Food Restrictions Food Allergies, Other):

Waiver Statement: The participant/parent/guardian assumes all responsibility in case of injury or harm to participant. The School District of Rhinelanders, 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.

Signature:

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

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

Check may be made payable to: SDR

Office Phone: (715) 365-9745
Mike Cheslock, Community Education Coordinator
Email: cheslmik@rhinelanders.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.