

SCHODACK

CENTRAL SCHOOL DISTRICT

CONTINUING EDUCATION REGISTRATION

Please use a separate form for each course. Payments may be combined. Make check or money order payable to **Schodack Central Schools** and mail to:

Continuing Education
Schodack Central School District
1477 South Schodack Road, Castleton, NY 12033

Course Title: Over 30 Basketball Tuition: \$50 per half year. Please pick one below.

_____ **\$50 (Monday Night full year)**

_____ **\$50 (Wednesday Night full year)**

_____ **\$100 (Monday and Wednesday Night full year)**

Name: _____

Address: _____

E-mail: _____ **Telephone:** _____

In the event of a cancellation you will be notified by email

WAIVER INFORMATION In the event of an emergency, I authorize the staff, nurse, doctors and/or emergency personnel to administer first aid or care as necessary. I understand that the Schodack Central School District does not provide medical insurance for participants and that in the event of any injury requiring medical treatment and/or hospitalization will be paid for by my personal insurance.

Participant's Signature & Date: _____

All information must be completed before this registration can be processed. Please do not send cash through the mail