

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

Registration forms must be received by September 12, 2024.

Course Title: MEN'S BASKETBALL Tuition: \$50 per week night

Please choose 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.