

REGISTRATION

Make check payable to the **Chappaqua Central School District** and mail to:

Chappaqua Continuing Education | HGHS
70 Roaring Brook Road
Chappaqua, NY 10514

Medical professionals should be consulted prior to commencing any health or fitness related activity. By submitting this registration form, I acknowledge that the registered participant has no existing physical condition that would prevent him/her from safely participating in the enrolled activity. Participation in these activities is voluntary. I understand the risks involved in the activities and accept full responsibility. I agree to release and discharge the Chappaqua Central School District, the Chappaqua Continuing Education Program, its officers and employees from responsibility, liability or claims for any injuries or damages arising from participation in this Continuing Education Program. CCE does not assume responsibility for property loss or personal injury.

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Course _____ **Section (if applicable)** _____
Name _____ **Birth date** _____
Address _____ **Telephone** _____
Town _____ **Zip** _____
Email _____ (Important for enrollment verification and cancellation notification.)
Course Fee \$ _____

Are you a resident of Chappaqua Central School District? Y N

CHAPPAQUA SENIOR CITIZENS ONLY:

Chappaqua Senior Citizen # _____

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Course _____ **Section (if applicable)** _____
Name _____ **Birth date** _____
Address _____ **Telephone** _____
Town _____ **Zip** _____
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CHAPPAQUA SENIOR CITIZENS ONLY:

Chappaqua Senior Citizen # _____