

REGISTRATION FORM

Burlington Community Education Department

400 McCanna Parkway | Burlington WI 53105 | Ph: 262-763-0219 | www.basd.k12.wi.us/community_ed.cfm

Primary Account Holder: _____

Address: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Participant's Name	M/F	Grade	Shirt Size	Course #	Course Title	Date(s)	Fee	
Comments:							Total Due:	

LIABILITY WAIVER

I (or as a parent/guardian of the above named child/children), assume all risks and hazards incidental to me (and/or my child's/children's) participation in these Community Education programs and camps, including transportation to and from these activities. I hereby waive, release, absolve, indemnify and agree to hold harmless the Community Education Department, Burlington Area School District, their officials, supervisors, coaches, and participants to any claims and damages as a result of my (and/or my child's/children's) participation. I understand that this waiver is valid anytime I (or my child/children) participate in and Community Education Department sponsored program, activity, or event (or until he/she reaches the age of 18).

CONCUSSION POLICY

As a Parent and Athlete, it is important to recognize the signs, symptoms, and behaviors of concussions and brain injuries. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury. Participant safety is our number one concern.

PHOTO RELEASE

By signing the Registration Form, I agree that Burlington Community Education Department may use photographs of me, and my family members, with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

I have read and agree to the LIABILITY WAIVER, CONCUSSION POLICY and PHOTO RELEASE.

PARENT | GUARDIAN | PARTICIPANT SIGNATURE:

HOW TO REGISTER?

Online:

www.basd.k12.wi.us/community_ed.cfm

Select your class(es) and use your VISA or MasterCard to payment.

If you do not remember your username or password, please call 262-763-0219. Please do not create a duplicate account.

QUESTIONS? EMAIL US!

Becky Sagedal, Director | bsagedal@basd.k12.wi.us

Trisha Skiles, Admin Assistant | tskiles@basd.k12.wi.us

By Mail or Walk-In:

Mail or drop off your form with payment to one of the following:

Burlington Community Education Department
(located inside Burlington High School)
400 McCanna Parkway, Burlington WI 53105

- or -

Burlington Area School District
209 Wainwright Avenue, Burlington WI 53105

FORM OF PAYMENT:

Cash: \$ _____ Check: \$ _____ Check made payable to Burlington Community Education Dept or "CED"

Debit/Credit Card (circle one): Visa M/C Name as it appears on card: _____

Card #: _____ - _____ - _____ - _____ - _____ Exp Date: ____/____ 3 Digit Code: _____

Non-Discrimination Statement

The Burlington Area School District, in accordance with Title IX of the Educational Amendments of 1972 and other Federal and State regulations, hereby declares that it is committed to the principle of equal education and employment opportunity and, accordingly, does not discriminate as to sex, race, color, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional, or learning disability. Any inquiries or complaints alleging non-compliance with Title IX of the Educational Amendments of 1972 or other Federal and State civil rights or nondiscrimination regulations shall be referred to the Title IX Coordinator of the Burlington Area School District.