

Registration Form

Student Name _____ Date of Birth _____ Male/Female _____

Address _____ City, Zip _____

Phone - Home _____ Phone - Work _____

Email _____

Class _____ Day _____ Time _____ Start Date _____

Class _____ Day _____ Time _____ Start Date _____

Amount Enclosed \$ _____

Card Information:

Payment Method:

Check Cash Card

Mastercard Visa Discover



Card # _____

3-Digit Security Code _____ Exp. Date _____

Cardholder Name _____

Cardholder Signature _____

I hereby voluntarily release and hold harmless the City of Royal Oak, City of Royal Oak Contractors/Independent Contractors and the Royal Oak School District from all liability for all types of damages or injuries, whether foreseeable or not, sustained by myself, my child and other family members while participating, watching and traveling to or from this activity.

Signature (If youth, parent or guardian must sign)

Date

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