

# 2024-2025 Community Ed Registration Form

Participant Name: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Address, City, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Grade for 23-24 school year: \_\_\_\_\_

Camp/Course Title: \_\_\_\_\_

Cost: \_\_\_\_\_ Shirt size (if applicable) \_\_\_\_\_

\*Drivers Ed: Session 1                      Session 2                      Date of birth: \_\_\_\_\_

Mail to:            Lester Prairie School  
                      Community Ed  
                      131 Hickory St N  
                      Lester Prairie, MN 55354

**\*There will be a \$10.00 LATE FEE for all late registrations.**

**\*Registrations will not be accepted after the first practice for sports activities.**

★ **Health Concerns**

\_\_\_\_\_  
\_\_\_\_\_

★ **Waiver Clause**

Parent/Guardian must read and sign: I hereby acknowledge that my child is medically fit to participate in camp activities. I authorize the director to secure any medical treatment deemed necessary and waive and release the camp from any and all liability for any injuries incurred.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I am interested in coaching \_\_\_\_\_