

## Estacada Community School Registration Form

Providing your social security number is voluntary. If you provide it, Clackamas Community College will use your social security number for keeping records, doing research, and reporting. The college will not use your number to make any decisions directly affecting you and any other person. Your social security number will not be given to the general public. If you choose not to provide your social security number, you will not be denied any rights as a student. Providing your social security number means that you can consent to the use of your number in the manner described.

Registration Date	SSN (optional):	Term: <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Summer</span> <span>Winter</span> <span><b>Fall</b></span> <span>Spring</span> </div> <span style="float: right;">(Circle one)</span>
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Name

(Last) (First)

Address

(Street/Red) (City) (State) (Zip)

Home Phone	Business Phone	Date Of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
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	Course Title	Location	M	T	W	TH	F	S	S

### COMPLIANCE AGREEMENT

By completing this registration form & paying the required fees, you are hereby agreeing to adhere to the policies and procedures set forth by the Estacada School District #108.

### LIABILITY WAIVER/MEDICAL RELEASE

In consideration of my or my child's participation in the afore mentioned activities I (we) waive all claims against the sponsoring school district and/or Clackamas Community College as a result of any accident or injury arising in any way from their participation.

In the event that I or my child may require emergency medical treatment while participating in the above activities, I hereby authorize myself or my child to receive all necessary emergency medical treatment as may be necessary under the circumstances.

Signature	Date
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Doctor's Name	Emergency Phone Number	Person To Contact
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Cost of Class	Amount Paid	Check Number
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Date	Collected by	Receipt Number
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