



<input type="checkbox"/> Cash <input type="checkbox"/> Check Check #: _____ Amount: \$ _____
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**Barren County Community Education - Enrichment Registration Form**

Name: \_\_\_\_\_ Age of Child: \_\_\_\_\_  
 (If applicable)

Parent(s)/Emergency Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

**Please enroll me in the following class:**

Class Title \_\_\_\_\_ Start Date: \_\_\_\_\_ Fee \$: \_\_\_\_\_

Class Title \_\_\_\_\_ Start Date: \_\_\_\_\_ Fee \$: \_\_\_\_\_

**ALL participants must sign and date:**

I understand that I am solely responsible for any result from any injuries, including those from on-site injuries. I give my consent to the Community Education program to take the participant's photograph or video during program activities, to be used for education and public relations purposes. I also agree to adhere to all re-fund policies as stated by Community Education.

\_\_\_\_\_  
 Signature of Participant

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Guardian or Parent (for minors ONLY)

\_\_\_\_\_  
 Date

Please make payment to: **Community Education of Barren County**  
 Mail your registration form with payment or bring it by the office:  
**Sonya Davis, 202 West Washington Street, Glasgow, KY 42141**

Please fill in ALL information for office records and for notification in the event of last-minute cancellations. *Thank you!*