

Kimball Community Education

Registration Form

In consideration of participation in this Kimball Community Education Activity, I hereby acknowledge and do enter this program at my own risk, assuming all known and unknown risks. I also agree to indemnify and hold harmless the Kimball Schools from any and all injuries I may incur. All persons under the age of 18 must have parent/guardian signature to participate. **Participants may be photographed during classes and events. These pictures are used for publications and advertising. Contact Community Education if you do not want your photo used.**

Parent or Guardian Signature _____ Date: _____

Participant's Name _____ Age ____ Sex ____ Grade ____ Birth date _____

Phone # _____ Email _____ T-Shirt Size _____

Address _____ City _____ State _____ Zip _____

Medical condition? _____ If so, what? _____

Activity _____ Code _____ Fee: _____

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Make checks payable to: Kimball Community Education

Mail to: Kimball Community Education, PO Box 368, Kimball, MN 55353, or drop off at Kimball Community Education or either school main office. Register online at www.kimball.k12.mn.us.

For more information call Community Education at 398-7700 ext. 1112