

School

Barcode

**REGISTER ONLINE AT www.kyrene.org/eservices or:
 Drop off or mail registration form along with your payment to:
 Kyrene Community Education #10
 8700 S. Kyrene Road, Tempe, AZ 85284**

Student's Name: _____ Grade: _____ Birth date: _____ Classroom Teacher: _____
 Address: _____ City: _____ Zip: _____
 Parent's Name: _____ Home #: _____ Work #: _____
 Emergency Contact and Phone #: _____ e-mail: _____
 Class Name: _____ Barcode(s): _____ Fee: _____
 Payment method: Visa MasterCard Discover Check # _____ (Checks payable to Kyrene School District)
 Card # _____ Exp. Date _____ Signature: _____

***After this athletic clinic, my child will:**

walk/bike (circle one)

picked up by _____
 (name of person)

Registration Policies and Procedures

Class confirmation will not be sent. Classes will be held as scheduled. You may call (480) 783-4040 to confirm your registration. All registrations are accepted on a first-come-first-served basis upon receipt at the Kyrene School District, Customer Service Center. Registrants may submit copies of the registration forms to the Customer Service Center if the copies contain all necessary information and disclaimer agreements.

Refund Policies:

Cancellations made at least six business days prior to class start date will be refunded in full.
 Cancellations made within five business days of class start date will be refunded minus a \$10 cancellation fee.
 No refunds will be given once a class begins.
 Full refunds will be issued for any class cancelled by the Kyrene School District.

Cancellation Policies:

All classes are subject to cancellation in the event minimum enrollment is not met.
 In the event of changes or cancellations, you will be notified by phone.

The Kyrene School District requires users of District facilities to fully comply with the requirements of Section 504 of the Rehabilitation Act of 1973 and Title II of the American with Disabilities Act of 1990. Section 504 provides "No qualified handicapped person, shall on the basis of handicap, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity which receives benefits from Federal financial assistance," See 29 U.S.C. 794, 34 C.F.R. Part 104. The ADA contains similar prohibitions against discrimination on the basis of disability. See 42 U.S.C. SS 12131-12161, 28 C.F.R. Part 35. Students with disabilities who meet the essential eligibility requirements of the Kyrene Community Education Programs will be permitted to participate in the Programs. Reasonable modifications will be provided to afford a student with a disability meaningful access to the Programs, unless the District can demonstrate that the modification would be a fundamental alteration in the nature of the Program, or constitute an undue financial and administrative burden. Any student, including students with disabilities, may be removed from a Program if that student, even with reasonable modifications, is so disruptive to the Program that other students cannot participate in the Program or are in danger.

DISCLAIMER

I (We) the undersigned parent, parents, or legal guardian of _____, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff emergency room staff licensed under the provision of the Medicine Practice Act or a Dentist licensed under provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate. It is understood that this authorization is given in advance of any specific diagnosis, treatment of hospital care being required, but given to provide authority and power to render care which the aforementioned physician in the exercise of his/. her best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering care. It is also understood that the undersigned will be liable for any and all costs incurred in the treatment of the minor.

Community Education Agreement:

I agree to abide by the terms and conditions set forth in the Community Education Handbook. Visit www.kyrene.org/supplemental to view the handbook or call 480-783-4040 to receive a handbook in the mail. Please initial here: _____

Signature _____