



Community Education Registration Form

SCHOOL DISTRICT OF TURTLE LAKE
205 Oak Street North,
Turtle Lake, WI 54889
(715) 986-4470 | Fax (715) 986-2444

Malissa Betz, Community Education Director, mbetz@turtlelake.k12.wi.us

Event Name: _____

Event Date: _____

Event Location: _____

Participant's Full Name	
Grade In School if Minor _____	DOB for Minors: __/__/____
Parent/Guardian for Minors	
Email Address	
Phone Number	
Address	Street Address: _____ City/State/ZipCode: _____

Register By: Registration and payment must be received on or before the "Register By" date for each course. Late Registration opportunities cannot be guaranteed. Registration is complete upon receipt of your payment of a first-come, first-served basis.

Confirmation: If you provide an email address, confirmation of your registration will be sent via email only.

Cancellation: Cancellation of the courses may become necessary at times. If school is cancelled, community education classes will be cancelled. Reasonable attempts will be made to inform you of a cancellation.

Refund Policy: Full course refunds can be requested 7 (seven) days before the "Register By" date listed for each class. No refunds will be made after that date unless initiated by Community Education. If a class is cancelled by Community Education, you will be notified and your full refund payment will be sent to you by mail.

Photography/Video: By signing this registration form, I understand and consent to the use of photography and/or video of me and/or my minor child(ren) to be used on the internet and/or social media and/or school website of the School District of Turtle Lake. I understand that I will receive no compensation and I will not be informed in advance of its specific use.

Liability: The School District of Turtle Lake is not responsible for any injuries sustained as a result of participation in any department sponsored activities, or while using district facilities.

Nondiscrimination Policy: The School District of Turtle Lake recommends that anyone enrolled in a physically active program consult their physician before participating. The School District of Turtle Lake does not discriminate on the basis of sex, race, color, age, national origin, ancestry, creed, religion, pregnancy, marital or parental status, sexual orientation, or physical, mental or emotional or learning disability.

Signature of Participant _____

By signing this form you are certifying that you have adequate insurance coverage and absolve Turtle Lake Community Education of any claim

Signature of Parent/Guardian if applicable _____

By signing this form you are certifying that you have adequate insurance coverage and absolve Turtle Lake Community Education of any claim

Registration Fee: _____ Payment Method : [] Credit Card [] Debit Card [] Cash [] Check

Credit Card PMT AMT: _____

Card# / C.V.V# / Expiration Date: _____

Card Holder Name: _____