

TIPP MONROE COMMUNITY SERVICES, INC.
REGISTRATION FORM

Class No. _____ Class Name _____ Fee \$ _____

Class No. _____ Class Name _____ Fee \$ _____

Class No. _____ Class Name _____ Fee \$ _____

Name: Last _____ First _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____

If under legal age: Age: _____ Grade: _____ Name of Parent or Legal Guardian _____

The above enrollee or legal guardian of said enrollee in consideration of the activity indicated hereby releases and discharges Tipp Monroe Community Services, Inc., the City of Tipp City, the Monroe Twp. Trustees, and the Tipp City Exempted Village School Board of Education and their assignees from any liability whatever, and will hold them harmless from any judgment brought against them.

*Please note that photos taken at TMCS classes may be used in the Community Connection or other publications.

Date _____ Signature _____

A Medical Release Form must be on file for enrollees under 18 years of age. (Available on-line at www.tmcomservices.org)

Mail to: Tipp Monroe Community Services, Inc., P.O. Box 242, Tipp City, OH 45371