ADAPTIVE P.E. REGISTRATION FORM

Participant's Information –	Referred by:						
Name	Date of Birth						
Street Address							
City	Zip	_ Emai	il Addre	ess			
Home Phone ()		Cell Phone ()					
Emergency Contact Informa	tion						
Name	Phone	e Relationship					
Class Selection(s)							
		M	т	W	тн	F	
		М	Т	W	тн	F	
		M	Т	W	тн	F	
Liability Wavier and Photo R By registering, I agree to ind Adaptive Physical Education which results or is alleged to consent to the use of my pic understand these policies.	emnify and hold , its employees, have resulted	agent from n	s, and i	instructo icipatior	ors, from in this p	any loss or liability program. I also	
Signature					Dat	e	