



FALL 2025  
COMMUNITY EDUCATION REGISTRATION FORM

Your Name: \_\_\_\_\_

Program Name: \_\_\_\_\_

Date (s) of Program: \_\_\_\_\_ Time of Program: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

I agree to indemnify and hold harmless The Owosso Public Schools from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my (or in the case of a minor, my child's) involvement in this activity. I acknowledge that by signing this registration, I am freely and voluntarily providing a complete and unconditional release of all liability to the greatest extent allowed by law.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment must be included with the registration form. Make checks payable to "Owosso Public Schools Community Education." Please mail or deliver registration and payment to:**

**OPS Community Education  
Washington Campus  
645 Alger Street  
Owosso, MI 48867**

**FOR OFFICE USE ONLY**

Amt. Paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Check# \_\_\_\_\_ Cash \_\_\_\_\_ Money Order \_\_\_\_\_