



FALL 2026
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 _____