

# MAIL IN COURSE REGISTRATION FORM

## ENROLLMENT INFORMATION

Primary Phone: (    )    -                      Cell/Work Phone: (    )    -  
Address:    City:    Township:  
Zip Code    Email Address:  
Parent/Emergency Contact:    Phone: (    )    -

## COURSE REGISTRATION

Student Name	M/F	Birth Date	Class ID#	Title	Fee

## PAYMENT METHOD/ACCOUNT INFORMATION

**Total:**

Reeths-Puffer Region:    White Lake Region:                      Card Number:                      Name:  
4600 N. Gibson Road    541 E. Slocum St.                      Exp Date:                      Billing Address:  
N. Muskegon, MI 49445    Whitehall, MI 49461                      Check Number:                      (make checks payable to WLACE)

## EMERGENCY CARD/WAIVER for CHILD RECREATION ACTIVITIES (MUST BE COMPLETED FOR YOUTH ACTIVITIES)

By enrolling my child in the following program I hereby waive and release any right and claims for damage or losses and give permission to WLACE to secure emergency medical treatment for my child. In addition I give my permission to WLACE for my child to be transported in a vehicle and/or participate in field trips.

I Agree     I Disagree

Physician Name/Phone:  
Hospital Preference:

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_