

CEDAR
Application Form
(Please submit one form for each student)

Print Student's Last Name First Name Grade 2010-2011 Date of Birth

Parent's Name(s)

Address

Home Phone Cell Phone Parent's Email Address

List CEDAR Classes You Are Requesting

Does this student have any medical conditions or allergies? YES/NO

Explain

My parent and I have read the CEDAR Expectations Guide. We understand and agree to abide by such codes.

Parent Signature Student Signature

RELEASE

All classes and activities for CEDAR are planned and organized by individual volunteers. Each participant must assume the risk of physical injury that could result from any of these activities and classes. Consequently, I release Riverside Christian Fellowship, its employees and volunteers, and all CEDAR directors, volunteers, and instructors from all liability for any injury to myself, my family, or dependents as a result of participating in CEDAR activities or classes.

Print Parent's Name Parent's Signature

State of Florida, County of _____ subscribed to and sworn before me this _____ day of _____, 2010 by _____ who is personally known to me or has produced _____ as identification. Notary Public _____ my commission expires _____.

A NON-REFUNDABLE application fee \$35.00/student must accompany this form. Please make checks payable to CEDAR and mail to:
2460 NW 108th Drive
Coral Springs, FL
33065