

CEDAR Application Form

(Please submit one form for each student)

Print Student's Last Name: _____

First Name: _____

Student's Email Address: _____

Grade 2012-2013: _____

Date of Birth: _____

Parent's Name(s): _____

Address: _____

Home Phone: _____

Cell Phone: _____

Parent's Email Address: _____

CEDAR Classes You Are Requesting: _____

Previous school experience: _____

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 _____, 2012 by _____ who is personally known to me or has produced _____ as identification. Notary Public _____ my commission expires _____.

A **NON-REFUNDABLE** application fee **\$50.00**/student must accompany this form. Please make checks payable to **CEDAR** and mail to: **2460 NW 108th Drive Coral Springs, FL 33065**