

ARDSLEY RECREATION SAT COURSE REVIEW

(Please complete a separate application for each child.)

STUDENT'S NAME _____ GRADE _____

PARENT/GUARDIAN _____ PHONE _____

ADDRESS _____
Street Village/Town/City

WORK PHONE # _____ EMERGENCY PHONE # _____

Contact Person _____

The course fee of \$435.00 per student must be enclosed with this registration form. Only the first 50 students who have paid in full will be registered for the course.

Please check which session: _____ or _____
10 a.m. to 1 p.m. **1:30 p.m. to 4:30 p.m.**

All registration checks must be received no later than Friday, January 9, 2009.

Make all checks payable to: **ARDSLEY BOARD OF ED – SAT COURSE**

Mail to: **Ardley High School – SAT Course**
Attn: P. Slattery
300 Farm Road
Ardley, NY 10502

I, the adult parent or guardian of a minor child participating in the Ardsley SAT review program, hereby agree to assume all risks and hazards incidental to such participation. I also waive, release, absolve, indemnify, and agree to hold harmless the Ardsley Union Free School District, and any sponsors, employees, supervisors, participants, and corporation owners of any premises involved in conducting the activities, from and against any and all claims and or causes of action arising out of any injury from such participation.

I hereby give permission for my child to participate in the SAT course review. I understand that the Ardsley School District Student Accident Insurance will **not** cover my child while attending the SAT course review. I understand that I will receive NO refunds after the first class unless for emergency medical reasons with proper documentation. A full refund will be given only prior to the first class and only if another student is able to register for the first class. Any refunds after the start of the first class will have a \$30.00 processing fee deducted.

Signed: _____ Date _____
Parent/Guardian

FOR OFFICE USE ONLY: Amount Enc. _____ Check # _____ Date _____
Registration _____

