

# GRAYSON COMMUNITY SCHOOL CLASS REGISTRATION



DATE

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PARTICIPANT NAME

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PARTICIPANT SIGNATURE

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PARENT/GUARDIAN SIGNATURE (IF UNDER 18)

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STREET ADDRESS

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CITY, STATE, ZIP

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HOME PHONE

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CLASS NAME

CLASS CODE

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FEE

AMOUNT ENCLOSED

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BEGINNING DATE

TIME

DAY (please circle) M T W TH F

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T-SHIRT SIZE (please circle)  
(Summer Camps Only)

**Youth** S M L

**Adult** S M L XL XXL

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**Make checks payable to Grayson High School**

**Please do not send cash.**

**Send to: Grayson Community School**

**50 Hope Hollow Rd.**

**Loganville, GA 30052**

In consideration of your accepting this entry, I hereby, for myself, my child, my heirs, executors, and administrators, waiver and release any and all right and claims for damages I or my child may have against Gwinnett County Community Schools and its representatives, successors and assigns any and all injuries suffered by myself or my child at any activity sponsored by these groups. Gwinnett County Community Schools reserves the right to photograph and videotape all its activities, events, camps, classes, programs and facilities for promotional purposes.

Registration for Community School classes is done on a first-come, first-served basis. All classes are offered as a service to the citizens of Gwinnett County and are not to be construed as an endorsement by Gwinnett County Community Schools or School Board.