



**Racine Unified School District  
EXTENDED LEARNING PROGRAM  
Adult Registration Form  
2016-17**

I am registering for the following class: \_\_\_\_\_ at \_\_\_\_\_  
location

**Information**

Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Address: \_\_\_\_\_  
Street City State Zip

Email Address: \_\_\_\_\_

If class is cancelled, what telephone number(s) can we reach you at? \_\_\_\_\_

**Photograph Consent:** I give consent to take my photograph during program activities, to be used for education and public relations purposes.  Yes  No

**Emergency Contact Information**

Contact's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone # \_\_\_\_\_ 2<sup>nd</sup> Phone # \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date \_\_\_\_\_