**LYONS TOWNSHIP ADULT & COMMUNITY EDUCATION**

# Registration Form (Please Print)

**4900 S. Willow Springs Road Western Springs, IL 60558 (708) 579-6573** www.lths.net/AdultEd

**FIRST NAME** **LAST NAME**

ADDRESS_____ CITY _____ ZIP _____

HOME PHONE (_____)_____ WORK PHONE (_____)_____EMAIL_____

**ONE PERSON/ONE CHECK PER COURSE**
**PLEASE MAKE CHECKS PAYABLE TO LYONS TOWNSHIP HIGH SCHOOL**

| COURSE # | COURSE TITLE | START DATE | TUITION | SENIOR DISCOUNT CARD # |
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| | | | | |

*****PHONE REGISTRATIONS NOT ACCEPTED*****

**Credit card registrations done online with MasterCard, Visa or Discover only at www.lths.net/webstore**

As a participant in the activity listed above, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or losses which I may sustain as a result of my participation in the activity. I do further agree to fully release and discharge, and to indemnify, defend and hold harmless to the fullest extent permitted by law, Lyons Township High School District 204, including its Board of Education, its members, officers, agents, servants, independent contractors and employees from and against any and all claims from injuries, including death, damages or losses which I may have or which may accrue arising out of, connected with, or in any way associated with my participation in the listed activity or my use of or presence in District 204 facilities.

**SIGNATURE (required)** _____ **DATE** _____