Registration Information for all Classes

Name of Payee _____
First Last

Address _____

City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____

Fax _____

E-mail _____
(for class confirmation and notices)

Emergency Contact _____

Emergency Phone _____

Payment Information

Check/Money Order# _____

Visa/MC/Discover# _____

Expiration Date _____

Name as it appears on card _____

Please duplicate this form for more than one participant

COURSE/EVENT NAME	COURSE/EVENT#	DAY, DATE & TIME	FEE

Participant Name: _____

☐ Male ☐ Female Birth Date (Required) _____

Parking: Semester Pass.....$15.00 $ _____

Daily Pass(quantity)_____@.....$2 each

Total $

FOR OFFICE USE ONLY: DATE _____ REGISTRAR e_____ Parking Permit# _____

Pass# _____

ACKNOWLEDGEMENT & ASSUMPTION OF POTENTIAL RISK
I understand and acknowledge: (a) that these activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate, (b) that in order to participate in these activities, I agree to assume liability and responsibility for any and all potential risks which may be associated with participation in such activities, (c) that the college, its employees, officers, agents, or volunteers shall not be liable for any injury/illness suffered by me which is incident to and/or associated with preparing for and/or participating in the activity(ies), (d) that I am responsible for my own transportation to and from the activity(ies) and the college assumes no liability for loss or injury resulting from my transportation and (e) that photos and/or videos of me and/or my child's participation in these activities may be taken for the sole purpose of assisting in the instruction and/or for the promotion of future programs. I have no known medical condition which may pose a risk to the health and safety of me or others by participating in the registered activity(ies).

Participant's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____
(if under age 18)