

Registration Form
Mail to: Santiago Canyon College Community Services, Room U-83
8045 E. Chapman Ave., Orange, CA 92869

Name _____
Last First

Address _____

City _____ Zip Code _____

Day Phone # (_____) _____ Home # (_____) _____

Email Address _____

Event #	Event Title	# of Lessons and Participant Names	Fee	Total

Check/Money Order# _____ (payable to Community Services)

Visa/MC/Discover/AMEX# _____

Exp. Date _____ Security Code # _____

I have read & agree to the refund/transfer policy as follows:

- Refunds & transfer requests are accepted 3 business days prior to class & are subject to a \$15 processing fee, per class.
- Cash, check, or money order refunds are handled by our Student Business office. A W-9 form is required & may take 4-5 weeks to process.
- Refunds are not issued after class is held.

Participants may be photographed in class & photographs may be used to publicize Community Services Programs.

Signature _____
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“COLLEGE FOR KIDS” MEDICAL RELEASE FORM

By my signature below, I hereby give permission for my child(ren) (names/ Ages) _____ to participate in the “College for Kids Program”. In permitting the above named child to participate in the program, the undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, bodily injury, property damage or wrongful death occurring to him/herself arising in any way whatsoever or however the same may occur and for whatever period said activities may continue. In the event of illness or injury, I do hereby consent to whatever medical and/or dental treatment are considered necessary in the best judgment of the attending medical staff, and/or Rancho Santiago Community College District staff. I also understand that Rancho Santiago Community College District does not provide health and medical insurance for participants. **Photograph/Media Release:** Rancho Santiago Community College District has my permission to take photographs to be used for publicity purposes. I realize that no commercial use will be made of the photographs or information. **A responsible adult must accompany your child to the class site and must pick up your child at the site immediately following the completion of the class.**

 Signature of parent or Guardian

 Date

 Print Name of Parent or Guardian

(_____) _____
 Daytime Phone Number

 Emergency Contact/Relationship

(_____) _____
 Emergency Phone Number