



ADULT REGISTRATION FORM

IN WHAT PROGRAM ARE YOU ENROLLING? (CHECK ONE)

ESL Citizenship Class Job Connection Workshop Computer Class

Other: _____

PERSONAL INFORMATION (REQUIRED)

Last Name: _____ First Name: _____ MI: _____

DOB: _____

Phone number: (H) _____ (W) _____ (C) _____

Email: _____

Mailing Address: _____ City: _____ State: _____

Zip: _____

IN CASE OF AN EMERGENCY (REQUIRED)

Emergency contact 1: _____ Relationship: _____ Phone: _____

Emergency contact 2: _____ Relationship: _____ Phone: _____

Insurance Company: _____ Policy Number: _____

Group Number: _____ Doctor's Name: _____

Doctor's Phone Number: _____

In the case of an emergency I authorize Sol Del Valle Community Center to contact a licensed nurse or medical professional to administer treatment as necessary.

Signature

Date

WAIVER AND RELEASE OF LIABILITY—READ BEFORE SIGNING

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS SOL DEL VALLE COMMUNITY CENTER, its officers, officials, agents, and/or employees, other participants, sponsors, volunteers, and, if applicable, owners and lessors of premises used to conduct the event (RELEASEES), from any and all claims, demands, losses, and liability arising out of or related to any INJURY or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signature

Date

HOW DID YOU HEAR ABOUT US? _____