

STUDENT REGISTRATION FORM

STUDENT INFORMATION: Complete the information below. Please print clearly.

Name			_ Student ID Number		
Permanent Address Apt #			Driver's License or ID number		
City/State/Zip			Phone (home)		
Email			Phone (cell)		
Emergency Contact Name			Emergency Contact Phone		
Course Name/Number	Starting date	Fee	lr	nstructor Signature	
sample: Yoga 1	Starting date	N/A		uctor approves that the student may register for the course.	
Sumple. Toga I		14/71			
Student Agreement:					
I agree to participate in the activities at the South Bay Community Center (SBCC).					
I understand and acknowledge that participation in these activities is completely voluntary.					
I understand and acknowledge that in order to participate in these activities I agree to assume liability and responsibility for any and all potential risks that may be associated with participation in such activities.					
I understand, acknowledge, and agree that the SBCC, its employees, officers, agent, or volunteers shall not be liable and I hereby waive, release, and discharge them from any future claims, demands, obligations, or causes of action for any injury/illness or property damage suffered by me arising as a result of engaging or receiving instruction in said activity or any activity that is incidental thereto.					
Student Signature:				Date:	