

GAVILAN COLLEGE COMMUNITY EDUCATION REGISTRATION-CFY

Register in the name of child. Child must be under 18 years of age.

Online Discount of \$5 available by going to our website: <http://gavilan.augusoft.net>

Last Name _____ First _____ Date _____

Email: _____

Address _____ City/Zip Code _____

Phone (____) _____ Eve (____) _____ Cell (____) _____

Where did you hear about us? _____

Start Date	Class Title	Fee
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total: _____

Cash _____ Check _____ M/O Visa M/C # _____ - _____ - _____ - _____ Exp _____

Attention Important Information for Parents!

This form must be returned with your class registration form for those under 18 years of age. Phone registration is **not** available for College for Youth classes. We must have the completed and signed release & consent form with the registration form and payment in order to reserve a spot in the class. **Register by web, mail, fax or in person.**

College for Youth Release & Medical Consent Form

I grant approval for my child _____ Age _____
Entering Grade Level _____ Date of Birth _____ to participate in youth classes and release Community Education and any instructors and assistants from any liability arising from his/her participation in said classes. I understand Community Education does not provide health or medical insurance for participants. Consent is hereby given to the Community Education instructors or supervisors to give or seek medical aid required in the case of emergency. My child's photograph and name may appear in print ads or the college's publications for Gavilan College Community Education while engaged in campus activities and classes.

Parent Guardian Signature: _____ Date _____

Parent's Name (print): _____

Phone: (____) _____

Emergency contact (name): _____ (phone): _____

Relation to student: _____ Phone: _____