

Sebastopol Community Cultural Center

REGISTRATION FORM



Phone: 707.823.1511 ~ www.seb.org ~ 390 Morris St, Sebastopol, CA 95472

Please fill out form completely – One participant per registration form.

Mail it or bring it by the SCCC Reception office with payment or register online at seb.org.

I am a: New Participant Continuing Participant (please fill in areas where you see *)

Today's Date: _____ Circle One: Winter/Spring Summer Fall

*Participant Name _____ Age (if minor) _____

*Parent's Name (if applicable) _____

Address _____

City _____ Zip _____ Email _____

*Phone Numbers: HM _____ CELL _____ WORK _____

Emergency Contact _____ Phone _____

Yes, I would like to support the community center. Here's my tax deductible donation! \$ _____

Refund Policy: Full refunds will be given to cancellations received **7 days** prior to class start date. There are **no refunds** or credits given for missed classes. All refunds will be assessed a \$20 processing fee. Please inquire w/Instructor about the possibility of a make-up class. (No guarantee)

*Name of Class	*Class Day & Time	*Session	Fees
			\$
			\$
			\$
			\$

Liability Release: In consideration of participation in this activity/activities, I agree to indemnify and hold the Sebastopol Community Cultural Center (SCCC) harmless and release SCCC and the City of Sebastopol, its officers, employees, and agents from any and all liability for any injury arising out of the activity/activities. I understand and accept that SCCC does not provide medical insurance. I have read this liability release and fully understand that I assume all risk for any injuries received by me or by any minor participant for whom I am signing this release.

INITIAL HERE TO CONFIRM AGREEMENT WITH LIABILITY RELEASE.

Medical Release: I give consent to the Sebastopol Community Cultural Center to provide all emergency dental or medical care prescribed by a duly licensed physician (M.D.), osteopath (D.O.), or dentist (D.D.S.), under whatever conditions are necessary to preserve the life, limb, or well being of myself as participant or the minor participant. The participant has the following allergies: _____ (be specific please).

INITIAL HERE TO CONFIRM AGREEMENT WITH LIABILITY RELEASE.

Parental/Guardian Consent (complete if participant under 19): As the parent or legal guardian, I give consent for the minor to participate in the above activity/activities and I execute the Liability Release and Medical Release on his/her behalf. I also agree to be financially responsible for any damage caused by the minor during the activity/activities

INITIAL HERE TO CONFIRM AGREEMENT WITH LIABILITY RELEASE.

Media Release: The Sebastopol Community Cultural Center (SCCC) and the City of Sebastopol have my permission to make and use film, video, audio recordings, slides, and photographs of me or the minor participant. I understand that this permission includes re-use and re-publishing. I give my permission for this use to include marketing, promotional, and informational purposes. I release SCCC and the City of Sebastopol, its officers, employees, and agents from any and all liability for any injury arising out of this use, including any and all claims for libel and invasion of privacy. I have read this media release and fully understand that I assume all risk for any injuries received by me or by any minor participant for whom I am signing this release.

INITIAL HERE TO CONFIRM AGREEMENT WITH LIABILITY RELEASE.

Signature: _____ Date: _____

OFFICE USE:

Form of Payment: Cash Check Credit Card Online Registered by: _____