



Registration Form

FORM MUST BE COMPLETE. Please use additional sheets if necessary.

Birth date _____ / _____ / _____

Last name _____ First name _____ Initial _____

Mailing address (street number) _____

City and County _____ State _____ ZIP _____

Parent's name _____ Home phone _____ Work phone _____

E-mail address _____ Has this child attended Youth College before? Yes No Female Male

Item No.	Session No.	Class Name	Time	Fee

Youth College T-shirt—\$11 (Pick up in the Roundup area, Bldg 24, Rm 104)

T-shirt(s) \$ _____

Adult sizes: Small (6810) Medium (6811) Large (6812) X-Large (6813)

Total \$ 0

SFCC Youth College Participant Agreement

This agreement must be signed by the Youth College participant's parent or legal guardian prior to the student's participation in Youth College.

By my signature below, I hereby indicate that:

- I certify that my child is between **9-13 years of age**.
- I will provide my child with his/her own medical insurance. SFCC Youth College does not assume responsibility for accidents or illness.
- I approve of my child's attendance at SFCC and this registration acknowledges my permission for my child to participate in Youth College activities.
- I authorize the instructors, counselors, teachers, or directors of the Youth College Activity to act for me in securing such medical care as the situation may reasonably warrant, using their best judgment in any emergency requiring medical attention, including administration of first aid, and/or transport to the nearest emergency/medical center for treatment by a health care provider.
- I acknowledge that I am informed of the hazards and risks connected with participation in the class or other activity in which my child is enrolling, including those risks which are incumbent with any excursion program or extracurricular activities, with the realization that these activities might subject him/her to personal bodily injury or property damage risks, including, but not limited to, such dangers as physical contact with other individuals and/or athletic equipment and facilities which may result in injuries ranging from cuts, abrasions, bruises, strains, concussions or fractures to catastrophic injury, such as complete paralysis, or even death.
- I acknowledge that I have read and will abide by the Roundup policy should I choose to utilize that Roundup service.
- I give permission for photographs of my child to be taken and used for promotional materials.

Signature of parent or guardian _____ Date _____

Insurance company he/she is covered by _____ Policy number _____

1st emergency contact name _____ Phone _____

2nd emergency contact name _____ Phone _____

When the parent cannot be immediately contacted, Spokane Falls Community College is authorized to contact the following:

Family physician _____ Physician's phone _____

List child's allergies _____

Make Checks payable to **SPOKANE FALLS COMMUNITY COLLEGE**.

MasterCard VISA Account number _____ - _____ - _____ V-code* _____

Expiration date _____ Account name (print) _____

Signature _____

*Credit card information will be destroyed upon processing.

Please mail or FAX to: Spokane Falls Community College FAX: 509-533-4160
 Continuing Education MS 3240
 3410 W Fort George Wright Dr
 Spokane WA 99224-5288

You will receive notification of receipt of registration within 10 business days.
 For additional information call: **533-3140**
<http://www.spokanefalls.edu/yc>