

# Registration Form



## Community Education Classes

phone: 408-465-9369

email:mgalvez@gavilan.edu

Student Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone: (\_\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Birth Year: \_\_\_\_\_ May we send you e-mail announcements?  Yes  No

Where did you hear about us?  Mail at home  Word of mouth  Brochure at the library  
 Newspaper  Brochure at Work  Flyer  
 Other \_\_\_\_\_

Start Date/Time	Title of Course	Fee
<b>(do not include materials fee with course payment)</b>		<b>TOTAL</b>

### Payment Options:

Cash (*exact change*)  Check  Money Order  Credit Card



Make checks payable to: Gavilan College Check # _____ Name on Check _____ (\$20 charge for all returned checks)	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Expires ____/____ Code ____ Card # _____ - _____ - _____ - _____ Cardholder Name _____ Authorized Signature _____
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**Send registration form to: Community Education - Gavilan College  
5055 Santa Teresa Blvd • Gilroy, CA 95020  
www.GavilanCE.com**

### Release & Medical Consent Form

**Attention Important Information for Parents!** *This form must be returned with your class registration form if you are under 18 years of age. (Includes STAR registration)*

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. Students must be able to follow directions independently or in a group. If a student is disruptive to the learning process, I understand that he or she may be dropped from his/her class without refund. Students under 13 years of age must be dropped off at the classroom door and picked up promptly from the classroom door as they will not be supervised before class starts or after class ends. My child's image and name may appear in print ads or the college's media publications for Gavilan College Community Education while engaged in campus activities and classes. I understand that each youth class is designed for a specific grade level. I certify that I have enrolled my child in the appropriate grade level.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent's Name (print): \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Relation to student: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

*Either you or your emergency contact must be reachable at their phone number during class hours.*

### Cancellation Policy:

*Notify us in writing at least 3 full business days before the first class.  
You'll receive an electronic voucher, good for 2 years, for the amount you paid for the class.  
Some classes require earlier cancellation. See course for more info.*