

# Community Connections

## ADULT/COMMUNITY EDUCATION REGISTRATION 2009-2010

PLEASE PRINT

Participant Name: \_\_\_\_\_ e-mail: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Have you participated in a Community Connections program before?  Yes  No  Not sure

How did you hear about this Community Connections program? \_\_\_\_\_

Course Title	Day/Date/Time	School/Site	Fee	Mat.Fee	Total Fee\$
<b>Total</b>					

(Checks payable to Community Connections.)

- Community Connections activities require registration. Registration must be completed before participation.
- Registration fees must accompany a complete, signed form. A \$25 fee will be assessed on all returned checks.
- There are no refunds of registration fees unless the Community Connections Program cancels activity.
- If you have a disability and need an accommodation we will be happy to make those arrangements for you. Please let us know here what accommodation(s) you might need \_\_\_\_\_
- Security of all personal items against loss or damage is the responsibility of the participant and/or parent/legal guardian.
- Children are not allowed in an activity unless they are properly registered. Children must be supervised at all times and are not allowed in any other part of the building.
- Proper attitude and behavior is required at all times. Foul language and extensive verbal disagreements will not be tolerated. The teacher and/or Site Coordinator have the right to suspend any participant who exhibits improper conduct.

### Liability Release

Community Connections/ Washington Central Supervisory Union (WCSU)/ Montpelier Public Schools (MPS)  
**MUST BE SIGNED TO PARTICIPATE**

I, named below as participant or as parent or legal guardian of a participant in classes sponsored by Community Connections, recognize that some of the classes involve physical activities that have risks and injuries associated with participating in these classes. I assume all risks and hazards, incidental to such participation, and I hereby waive, release, absolve, indemnify and agree to hold harmless Community Connections, Washington Central Supervisory Union, and Montpelier Public School System their officers, agents, officials, employees and volunteers, the organizers, sponsors, supervisors and participants for any claim arising out of an injury to myself. I accept full responsibility for the cost of treatment for any injury suffered while taking part in the Community Connections Community Education Program.

\_\_\_\_\_  
**Signature of Adult Participant or Parent/Legal Guardian**

\_\_\_\_\_  
**Date**

*You may give this form to the instructor or send with payment to:  
 Community Connections, 58 Barre St., Montpelier, VT 05602.*

*For more information please call Community Connections at (802) 223-3456.*