



ACALANES ADULT EDUCATION (AAE)

1963 Tice Valley Blvd., Walnut Creek, CA 94595, 925-280-3980 ext. 8001 Fax 925-2801

Registration Form

Disclaimer: I realize that there is an inherent risk of injury when participating in these classes or activities. I understand and acknowledge that in order to participate in these activities I agree to assume liability and responsibility for any and all potential risks which may be associated with participation in such activities. I understand that Acalanes Union High School District does not carry any medical accident insurance for injuries sustained in its programs and I therefore assume the risk of any injuries arising out of or in connection with participation in said classes or activities. In the event of any emergency, I authorize the school officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for immediate care and agree that I will be responsible for payment of all services rendered. In the event that the student is a minor, the above consent must be agreed upon and signed by the parent.

I have read and fully understand the agreement above, assume all risk for any injuries sustained and consent to emergency medical treatment. I also have read and agree to abide by the registration/refund policies published in the current AAE brochure and the AUHSD Student Internet and Network Responsible Use Agreement currently posted online at: <http://www.acalanes.k12.ca.us/forms/StudentUseAgreement.pdf>

Signature: _____ Date: _____

Last Name: _____ First Name: _____

Home Phone: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Birth Date: _____ Gender: Male Female

Course #	Title	Fee	Day	Time	Instructor

Make checks payable to AAE.

Type of Payment: _____ Cash _____ Check

Credit Card: MasterCard VISA Discover

Account # _____ Exp Date: _____

Authorized Signature: _____ CCV _____