

# REGISTRATION FORM

EVERY ATTENDEE MUST ALSO SIGN THE RELEASE BELOW PLEASE PRINT CLEARLY

FIRST NAME:

LAST NAME:

ADDRESS:

CITY, STATE, ZIP

HOME PHONE:

BUSINESS OR CELL PHONE:

EMAIL ADDRESS:

Fee Status: Please check one of the following categories:

Fox Chapel School District Resident\*    Fox Chapel School District Employee\*    Owner of In-District Business\*    Non-District Resident

\*These persons qualify for the in-district FCASD resident fees in the brochure

## Course Enrollment

(IF ENROLLING IN FAMILY SWIM, PLEASE INDICATE NUMBER OF PARTICIPANTS AND SIGN A WAIVER FORM FOR EACH SWIMMER)

COURSE TITLE	FEE:	DAY/SESSION:

## GENERAL WAIVER AND RELEASE

IMPORTANT NOTES: EVERY ATTENDEE MUST SIGN THIS FORM AND PLEASE SUBMIT ONE FORM PER STUDENT

I, \_\_\_\_\_, do hereby apply for enrollment in a Fox Chapel Area Adult Education course, as above identified ("Course"). In consideration of being granted enrollment in the Course for the stated fee, which is enclosed, I agree as follows:

I understand that Fox Chapel Area Adult Education 1) engages instructors as independent contractors, 2) requires no certifications, and 3) reserves the right to substitute instructors at any time. I understand all risks that may be associated in my participation in the activities of the Course, and hereby agree to assume all such risks and take full and exclusive responsibility for them and hereby waive and release the Fox Chapel Area Adult Education Committee and the Fox Chapel Area School District, its successors and assigns, together with their respective directors, officers, agents, representatives, sponsors, instructors, employees and volunteers, from any and all claims for any and all personal injury, property damage or destruction, death, breach of contract, or otherwise, except for such conduct which would be considered intentional or gross negligence, all of which arose from my participation in the Course.

The waiver and release shall be binding upon me, being of legal age and competency, and, if applicable, on the minor identified below, and my, or his/her heirs, beneficiaries, estate, fiduciaries and assigns.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Signature above indicates student is 18 years of age or older*

**For Minors:** *Note: With the exception of classes where students under the age of 18 are welcomed in the course description, minors may only attend classes with the permission of the Executive Director and the instructor. No minor may attend any class unless accompanied by an adult registered for the same class.*

\_\_\_\_\_  
Name of Minor (for courses that allow minors)      Date

\_\_\_\_\_  
Parent/Legal Guardian for Minor Student      Date

PLEASE MAIL THIS FORM TO:

**FCAAE  
611 FIELD CLUB RD  
PITTSBURGH, PA 15238**

*The Fox Chapel Area Adult Education Committee (FCAAE) is an outreach program of the Fox Chapel Area School District dedicated to providing enrichment classes to the community. Because our classes meet in school district buildings, they are subject to last-minute changes due to conflicting school activities. FCAAE does not discriminate on the basis of race, creed, color, sex, nationality, ethnic origin, age, or disability in the administration of its policies, hiring practices, employment practices, and admission to its programs, services or activities, in access to them, in treatment of individuals with disabilities or in any aspect of its operations.*