REGISTRATION FORM

Please Attach Check OR Money Order Payable To Fox Chapel Area Adult Education (FCAAE)

Mail To: FCAAE, 611 Field Club Road, Pittsburgh, PA 15238

More than one adult may use this form BUT every student must sign the release.

First Name:	Last Name:
Address:	City, State, Zip:
Home Phone:	Cell Phone:
Email Address:	Business Phone:

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

Please consider making a donation to help FCAAE continue its mission of providing lifelong learning, fun, and fitness.

Enclosed is my tax-deductible gift of $_____ *Thank you!*

COURSE ENROLLMENT

If Enrolling in Family Swim, please indicate the number of participants in your family and sign a waiver for each swimmer

IF ENROLLING IN CLASSES WITH MULTIPLE SESSIONS, PLEASE INDICATE DAY(S) OF THE WEEK AND SESSION(S)

COURSE TITLE	FEE	DAY/SESSION

GENERAL WAIVER AND RELEASE

IMPORTANT NOTE: EVERY ATTENDEE MUST SIGN THIS FORM

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. I fully understand and acknowledge that the Course involves physical activities and/or contact which create an inherent risk and danger of minor or serious injury or of death. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full 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: With the exception of Family Swim and 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 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**

_____

Signature **Date**

Signature above indicates student is 18 years of age or older

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.