

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

Family Swim: please indicate the number of participants in your family.

Classes with Multiple Sessions: please indicate the 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, _____, hereby apply for enrollment or I am the parent/guardian of a minor applying 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 with my participation, or the participation of the registered minor, 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 of Fox Chapel Area Adult Education. I fully understand and acknowledge that the Course may involve physical activities and/or contact which create an inherent risk and danger of the minor or serious risks of injury or of death. I represent and warrant that I and/or the minor are physically, mentally and psychologically fit and has no medical condition that would prevent full participation in the Course. I have consulted with a medical provider prior to enrolling in the Course and have no restrictions which would prevent me or the minor child from participating in the Course and I fully understand and acknowledge that the Course instructors have no responsibility for my physical limitations, should they exist. I understand, acknowledge and agree that if I have physical, mental or psychological limitations which would limit my participation in the Course, that it is my responsibility to notify the Course instructor and the Fox Chapel Area Adult Education Committee and my medical provider. I have explained all risks to the registered minor and the registered minor has acknowledged and consented to those risks. The waiver and release shall be binding upon me, being of legal age and competency, and, upon the registered minor, and our heirs, beneficiaries, estate, fiduciaries and assigns. I hereby consent to have a photograph/video taken that includes me, and/or the registered minor, while in attendance at the FCAAE Course location while enrolled and in attendance during the time of its instruction/activity and agree that the images may be used in future promotional and/or historical purposes of the FCAAE.

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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 and Age of Minor: _____

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.

