

Chicago Avenue
FIRE ARTS CENTER
REGISTRATION - YOUTH CLASSES

Student's Name _____

Address _____ CSZ _____

Phone _____ DOB _____

Have you previously taken classes at CAFAC? Yes No

Parent(s) Name(s) _____

Email _____

You will be added to our email list unless you opt out. I'd like to opt out of CAFAC's email list.

Parent #1 Phone (day) _____ Parent #1 Phone (cell) _____

Parent #2 Phone (day) _____ Parent #2 Phone (cell) _____

Emergency Contact _____ Emergency Contact Phone _____

Adults (other than parents listed above) authorized to pick up youth _____

Doctor/Healthcare Provider _____

Doctor/Healthcare Provider Contact Information _____

Class	Begin Date	Fee
TOTAL		

PAYMENT METHOD

Payment must accompany registration in order to hold your spot in a class.

- Check payable to Chicago Avenue Fire Arts Center
 Cash
 Money order
 Visa
 MasterCard
 Discover

Card #
Expiration
Billing Zip Code

Tuition assistance: Amount approved _____

(please see reverse)

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WAIVER OF LIABILITY

I understand that there may be serious risks inherent in participating in this activity. I will not hold CAFAC, its directors, officers, employees, volunteers, representatives, or agents (collectively, the "Indemnitees") responsible for any claim or liability arising out of or relating to my participation in this activity. I will indemnify, defend, and hold harmless the Indemnitees from and against any liability, including reasonable attorneys' fees and court costs ("Claims"), arising from or relating to my participation in this activity, including, but not limited to, any Claims arising from or relating to the negligence of the Indemnitees or equipment used in the course of the activity.

Parent/Guardian Signature: _____ Date: _____