

COMMUNITY EDUCATION REGISTRATION FORM

RECEIPTS WILL BE EMAILED

REGISTER EARLY!

Register early, class sizes are limited and early registration may assure your place in a high demand class. Classes that do not meet minimum student enrollment may be canceled before the first session. Your early registration can help ensure this necessary enrollment figure.

**COLLEGE OF THE CANYONS
COMMUNITY EDUCATION**

26455 Rockwell Canyon Road,
Santa Clarita, CA 91355
Phone: 661-362-3300
Fax: 661-362-5425

www.canyons.communityext.net

Use Your VISA or Mastercard:



COLLEGE OF THE CANYONS COMMUNITY EDUCATION REGISTRATION

Fee based classes

Please Print • Fax Registration: 661-362-5425

Last Name First Name

Street Address Apt. No. City Zip Code

Day Phone Evening Phone E-mail Address

Is this your first Community Education class? Yes ___ No ___ Please check if participant is under 18

All class confirmations and receipts will be emailed.

Check here if you do NOT want your class confirmation and receipt by email:

TITLE	START DATE	FEE
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
TOTAL		\$ _____

PAY USING YOUR:

VISA OR MASTERCARD:

Card #: _____

Card Expiration Date _____

Authorized Signature: _____

Total Amount Charged _____

PAY BY CHECK:

Driver's Lic.# _____

Driver's Lic. Exp. Date _____

Check No.: _____

Check Total: _____

You may also register by bringing this form to the Community Education Office, 26455 Rockwell Canyon Road, Santa Clarita. Or mail to **College of the Canyons Community Education, 26455 Rockwell Canyon Road, Santa Clarita, CA 91355**. Office hours: 8:30 a.m. to 5:00 p.m. Questions? Please call 661-362-3300. Class refund will be issued if a class is canceled due to insufficient enrollment. In the event that the student initiates a cancellation, a \$10.00 cancellation fee will be assessed. **The last day for a refund is two working days prior to the first meeting of the class.**

Santa Clarita Community College District

WAIVER OF LIABILITY

By signing this waiver, I agree to release and hold harmless the Santa Clarita Community College District, College of the Canyons, its agents and employees from any claim arising from my or my child's voluntary participation in a Community Education class or activity, including classes or activities which involve some inherent personal risk. In the event of illness or injury, I consent to whatever emergency medical care is considered necessary in the best judgement of the attending physician, surgeon or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. It is understood that resulting expenses will be the responsibility of the participant or participant's parent or guardian, if the participant is a minor. I have read and fully understand this Waiver of Liability.

Signature of participant or parent/guardian of minor participant

Date

If the participant is a minor, name: _____

Age: _____