

# Golden West College Community Services Registration Form

**ONE REGISTRATION FORM PER PERSON.** This form may be reproduced or additional forms are available in the Community Services Office. Confirmation will be mailed as soon as processed. If your registration is received less than seven business days prior to the event, your confirmation may not reach you in time, but your space will be reserved for your convenience, if space is available.

Mail to: **COMMUNITY SERVICES REGISTRATION**  
Golden West College  
P.O. Box 2748  
Huntington Beach, CA 92647-2748

**FAX: (714) 895-8944**  
**For further information call (714) 891-3991**

Make check payable to: **Golden West College**  
*One check per event, please. (Otherwise, you may wait 4 - 6 weeks for refund of your fee for a filled program.)*

NAME \_\_\_\_\_  
Last First M.I.

STREET \_\_\_\_\_ APT. # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE ( ) \_\_\_\_\_ WORK PHONE ( ) \_\_\_\_\_

GENDER (please check)  Male  Female BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_

SENIOR'S GOLD KEY CARD NO. \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_  
(Information is for our purposes only and will not be sold.)

When there are multiple sessions, please enter your First and Second choices for faster processing.

PROGRAM NUMBER		PROGRAM TITLE	PROGRAM DATE	TOTAL FEE	OFFICE USE ONLY
First Choice	Second Choice				
.	.				Date
.	.				Receipt #
.	.				
<b>See Registration Information page for REFUND/TRANSFER POLICY.</b>			<b>TOTAL</b>		Operator

### Method Of Payment

Check # \_\_\_\_\_ Name On Check \_\_\_\_\_ Total Paid \$ \_\_\_\_\_

Credit Card  VISA  MasterCard  Discover  American Express Exp. Date \_\_\_\_\_

Credit Card No. 

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Authorized Signature \_\_\_\_\_ Cardholder's Name \_\_\_\_\_  
(Please Print)

### College for Kids and Sports Academy Release and Medical Consent

My child, \_\_\_\_\_, has my permission to participate in the College for Kids programs and I release Golden West College, Coast Community College District, and any presenters and assistants from any liability arising from my son's or daughter's participation in said programs. I understand the College **does not** provide health and medical insurance for the participants. Consent is hereby given to the College for Kids presenters and/or supervisors to give or seek medical aid as required in the case of emergency.

If children are not picked up at the end of each program, an additional fee of \$5 will be charged for administrative supervision.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

I give my permission for any photographs taken of my child to be used in College publications.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_