Enables students ages 14-17 to take an adult class without an adult registering with them. Instructor needs to approve having minors in their class.

First Name _______________________________    Last Name ____________________________________
Mailing Address _________________________________________________________________________
City _______________________________    Zip ______________     Date of Birth ___________________
Gender: □ M    □ F    |    Phone ____________________________________
Email Address ____________________________________________________________________________

REQUIRED for registration:   □ I have read the Refund Policy on page 63.
CLASS ______________________________________________________    stArt DAtE _______________
As the parent/guardian of the above-named minor/legal ward, I give my permission for him/her to enroll in the Community Education adult class(es) listed above. I give my permission for emergency first aid treatment for my minor child/legal ward, and permission for him/her to be treated by a nurse, physician and/or mental health counselor.
Parent/Guardian Signature _____________________________________  Date ________________
Credit Card # ___________________________________________________________________________
Expiration Date _____________________Last 3 numbers on back of card
Name on Card (PLEASE PRINT) __________________________________________________________________
Card Holder Signature ______________________________________________________________________