



Date\_\_\_\_\_

<b>Age</b> (if under 21) 1	Parent/Guardian (if particip	ant under 18)			
Name					
Address					
City	State	Zip code			
Phone Email Address					
Course Title			Fee		
Course Title			Fee		
Course Title			Fee		
		Total Fee	\$		
	rant to the Board of Trustees of Sou ideo and/or digital recordings of m		oyees, agents and assignees, the		
<b>Health Waiver</b> - My signat listed above.	ture below attests to the fact that I	nave medical clearance to engage ir	n the activities in the courses		
College, their employees, the	d, I hereby agree and promise that neir agents, or others who are involv- any damages and/or personal injuri	ed in supervision or operations of a	ctivities sponsored by Community		
	Registration/Canc	ellation/Refund Policy			
Early registration is encour MasterCard and Discover of your registration is to be pa	of registration. Registration is requiraged to ensure enrollment in the claredit cards. Checks must be payable aid by your employer, we can bill you if the class is full or cancelled.	ss and to prevent cancellation due to to SENMC. Course fees must be p	o low enrollment. We accept Visa, paid at the time of registration. If		
beginning of class. Refurmquintana@senmc.edu be appointed. A full (100	\$10.00 cancellation fee, will be read requests can be made directly. Refunds may take up to 30 days (%) refund will be given only for cannot be issued for online course.	to the Community Education off s to be processed. If a student ca classes that are cancelled by SEN	fice by phone, or send to nnot attend, a substitute may NMC Community Education.		
Participant's Signature: By signing I acknowled (Parent Must Sign if Stud	ent is Under 18)	stand the Registration/Cance	ellation/Refund Policy.		
Parental Signature: By signing I acknowled	loe that I have read and under	stand the Registration/Cance	ellation/Refund Policy		