

Chabot College
COMMUNITY EDUCATION
REGISTRATION FORM
For Non-Credit Classes

NAME (please print): _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

E-MAIL: _____

SEMESTER: ↑ Fall 20_____ ↑ Spring 20_____ ↑ Summer 20_____

COURSE #	COURSE TITLE	DATE	TIME	FEE

METHOD OF PAYMENT:

CHECK NO. _____ VISA _____ MASTERCARD _____ AMERICAN EXPRESS _____ DISCOVER _____

Credit Card No. _____ Exp. Date _____

SIGNATURE _____ NAME OF CARD HOLDER _____

- 1) **Make check payable and send this form with your payment to:**
CHABOT COLLEGE COMMUNITY EDUCATION
25555 Hesperian Blvd.
Hayward, CA 94545
- 2) *or* fax this form with credit card information to (510) 723-6795
- 3) *or* call 510-723-6665 OR 723-7531. Please have you're your credit card information ready as well as the other information requested on the registration form.

I hereby release, discharge and absolve and agree to indemnify Chabot/Las Positas Community College District and its employees from any and all liability for injuries and illness that may occur while participating in the program. I hereby give my consent for college personnel to authorize any and all emergency medical and dental treatment. Unless otherwise indicated, I consent to the college's use of any photographs or video that are taken of me or my child while participating in this program for use in publicity materials.

Student Signature

Signature of Parent or Guardian
If student is under 18