



Class-Club-Social Activity Registration Form

PLEASE PRINT

Center:	<input type="checkbox"/> Shamrock	<input type="checkbox"/> Tyvola	<input type="checkbox"/> North Mecklenburg
Session:	<input type="checkbox"/> Fall	<input type="checkbox"/> Winter	<input type="checkbox"/> Spring
	<input type="checkbox"/> Summer	Year:	

Annual Discount Card :	<input type="checkbox"/> No	<input type="checkbox"/> Yes	ID#:		Expiration:	
-------------------------------	-----------------------------	------------------------------	-------------	--	--------------------	--

Name:		Birth Date:	
Address:			
City:		State:	
		Zip:	
Phone:		Email:	
Emergency Contact:		Phone:	
Contact's Mailing Address:			

Class Number	Class Title	Fee if Required
		\$
		\$
		\$
		\$

Method of Payment			
<input type="checkbox"/> Check – Provide Check #: _____	<input type="checkbox"/> Cash – Provide Receipt #: _____		
<input type="checkbox"/> Charge My Credit Card	<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card	<input type="checkbox"/> Discover
Card No.:		Expiration:	
Signature:		Date:	

Annual Household Income: (circle one)

0 - \$9,999; 10,000 - 14,999; 15,000 - 24,999; 25,000 - 34,999; 35,000+

Number of people in household: _____

Release of All Claims and Promises:

As a participant in this and any other program of CMSC, I recognize and acknowledge there are certain risks and I agree to assume all risks, including any damages resulting from physical injuries, death, loss of services or consortium, loss or damage to property, or any other loss which I may sustain as a result of participating in any and all activities connected with or associates with such programs.

In consideration of CMSC accepting me and with the intent to be legally bound, I hereby, for myself, all heirs, executors, administrators, and assigns, do hereby forever release, waive and relinquish all claims I have as a result of participating in this and all other programs of CMSC and it's officers, agents, servants, employees, and insurers, from any and all liabilities, claims, demands, actions or causes of action resulting from physical injuries, including death, loss of service or consortium, loss or damage to property, or any other loss which I may have, or which may happen to me on account of my participation in this and all other programs of CMSC.

Signature:		Date:	
-------------------	--	--------------	--