



REGISTRATION FORM



Classes meet Tuesdays 6:30 to 9:30 PM & Saturdays 9:00 AM to 2:30 PM as shown on course outline.

Please **print legibly** using blue or black ink. Complete entire form and **return no later than a week prior to class start date**. Incomplete forms may not be processed.

NAME:

MAILING ADDRESS:

HOME PHONE:

WORK PHONE:

EMERGENCY CONTACT:

PHONE #:

E-MAIL ADDRESS:

The undersigned agrees to hold the City of Santa Maria and any other officer or employee thereof harmless from any claim for injury or accident to the above named arising out of or in any way connected with the named activity. I recognize that this program may have some inherent risks and I accept the responsibility to identify those risks and accept them. In case of an accident arising out of the named activity, medical assistance may be administered to the person named herein. Registration form will act as a Medical Release.

Signature: _____ Date: _____

THERE WILL BE A \$25 COURSE FEE TO OFFSET MATERIALS

- METHOD OF PAYMENT: CHECK
 MONEY ORDER
 CASH (In Person Only)

MAKE CHECKS PAYABLE TO : **CITY OF SANTA MARIA**

DRIVER'S LIC. # _____ EXPIRATION DATE: _____

NO REFUNDS ♦ THERE IS A \$25.00 SERVICE CHARGE ON ALL RETURNED CHECKS
MAIL OR BRING COMPLETED REGISTRATION WITH PAYMENT TO:

SANTA MARIA FIRE DEPARTMENT
314 WEST COOK STREET #8
SANTA MARIA CA 93458

OFFICE USE ONLY

- CASH CHECK MONEY ORDER

CK# _____ \$ _____ DATE _____ REC'D BY _____