

WEST VOLLEYBALL CLUB 2018-2019 PRACTICE REGISTRATION FORM

westsideextension		Registration Form
Name (player) _____		email address _____
Address _____		City _____ Zip _____
() _____	() _____	() _____
Phone (Eve) _____	(Day) _____	(Cell) _____
Players's Birthdate _____	Parent's Name _____	
ClassID #	Class Name	Class Fee
YV18-19	YOUTH VOLLEYBALL 2018-2019	\$1000
material fee(s) IF due at registration <i>(see each class description)</i>		
Parking (buy \$2 daily parking permits from machines in student lots)		NA
Total		
Method of Payment		
<input type="checkbox"/> Visa _____		
<input type="checkbox"/> MasterCard	Credit Card Number _____	Expires (Mo/Yr) _____
<input type="checkbox"/> Discover Card _____		
<input type="checkbox"/> Check _____		
(payable to WLAC Community Services)		Authorized Signature (for credit card payment) _____

College For Kids, Geneneral Policies and Release

To better serve you and to provide a safe environment for your child

Student Name _____ School _____ Grade _____

GENERAL POLICIES:

- * Parental Attendance is at instructor's discretion. Some children become inhibited when parents are present, and others require parental attendance to behave.
- * The Los Angeles Community College District (LACCD) and West Los Angeles College are responsible for minors only during actual instruction time. Parents are responsible for minors' safe arrival to and prompt departure from class.
- * A child's photograph may be taken while participating in College For Kids activities for use in promotional materials for the programs.
- * LACCD and West Los Angeles College are not responsible for lost or stolen articles.
- * There is no credit or making up of missed days. Inability to conform to the structure of the program/disruptive behavior on the part of a student or guardian is grounds for expulsion/exclusion without refund.

RELEASE:

- * I Understand that my child's participation in the above program is voluntary, and acknowledge the existance of risks in connection with said participation. As stated in Title V Section 55450, I agree that West Los Angeles College District, it's Board of Trustees, Officers, representitives, employees, and agents shall be held harmless from any and all liability, claims, causes of action, and demands arising out of or in connection with my child's participation in the program.
- * In the event of illness or injury, staff will attempt to contact me at the numbers I provided. Should my child need immediate medical attention, I authorize staff to take any and all steps they deem appropriate for my child's care; I understand I am responsible for all expenses incurred in such an event.
- * My signature below indicates I have read and agreed to the above:

Parent/Guardian Signature _____ Date _____