



Adult Registration Form

Name _____ Date _____

Address _____

Primary Phone _____ Email (required) _____

COURSE CODE	COURSE TITLE	FEE
Registration fee (once per term, per person, fee waived for courses \$25 and under)		\$6.00
Donation to Scholarship Fund		
TOTAL:		

I agree to release and hold harmless the Town of Arlington, Arlington Public Schools and its employees, agents and assigns from all liability or expenses arising out of any incident involving or any account of injury in connection with this program. I consent to treatment by emergency personnel in the event of injury to, or illness during my participation in this program. I accept full responsibility for all costs for any such emergency treatment. I agree to abide by APS policies. I further agree to the possible taking of my photograph for promotion of the program via print and web.

Signature _____ Date _____

To Register:

- Pay by Check:** Please make payable to Arlington Community Education and mail with this registration form to **Arlington Community Education**, 869 Mass. Ave., Arlington, MA 02476
- Pay by Charge:** at ArlingtonCommunityEd.org, by fax 781.316.3381, or by mail. Charge will appear on your credit card statement as "Arlington Community Education."

Charge: VISA MasterCard Discover

Card # _____ Expiration Date _____ Security Code _____

Cardholder Signature _____