

ENCORE Fee-Based Registration Form

Please **PRINT**

Cancellation: classes are cancelled if required minimum is not reached.

Complete all of this form. For more forms you can make a copy. Checks payable to: **Pierce College**

One registration form per person. Make a separate check per class, per person. Pay for classes at time of enrollment.

Name Today's Date

Street Address City Zip

Home Phone Cell E-mail

		Check # _____
		Cash _____
Class Name	Start Date	\$ Fee
This form will be your receipt. We will mail you a copy after we have processed your enrollment.		

For Office Use Only

Date processed _____	Date receipt issued _____	initial _____	Notes _____
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Los Angeles Pierce College ENCORE Program WAIVER

I understand that the Los Angeles Community College District has no insurance covering emergency medical treatment or hospital costs incurred by students. I agree that while an enrollee at Pierce College and participating in the above named classes, I will supply my own medical and accident insurance.

In the event of any illness or injury, I hereby consent to whatever emergency treatment and transportation, x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for my safety and welfare. It is understood that the resulting expenses will be my responsibility.

As stated in California Code of Regulations, Subchapter 5, Section 55450, I understand and agree that I shall hold the Los Angeles Community College District, its Board of Trustees, officers, agents, representatives and employees harmless from any and all liability, claims, causes of action, and demands related to, arising out of or in connection with my participation in this activity.

I hereby waive all claims against the District or the State of California for injury, accident, illness or death occurring during or by reason of this ENCORE class/es.

My signature on this document acknowledges that I have read and understand the provisions stated on this waiver and agree to abide by them.

Signature Printed Name Today's Date

I have read, understand and agree to the refund policy. _____
Initial

Emergency Contact _____
Name Relationship Phone