



Nantucket Community School

ENGAGING, STRENGTHENING & CONNECTING OUR COMMUNITY

Adult Education & Enrichment Registration Form

Participant Name: _____

Mailing Address: _____

Home Tel. #: _____ Cell #: _____ Work Tel. #: _____

Email Address: _____ Returning/New Student (Please Circle)

Emergency Contact Information:

Contact 1: _____ Daytime Phone: _____

Contact 2: _____ Daytime Phone: _____

Course Title	Date	Instructor	Amount
TOTAL			

PAYMENT POLICY:

Payment must be made in full at the time of registration. Cash, checks, MasterCard and Visa are acceptable forms of payment. **Please write a separate check for each class.** Checks can be made payable to Nantucket Community School or NCS. **Checks returned due to insufficient funds will result in a \$25 returned check fee.** There is a no refund policy. This form, with signatures and payment, is required for your registration to be considered complete.

Name on Credit Card _____ Visa/Master Card (Please Circle)

Card # _____ Exp. Date _____ Security Code _____

EMERGENCY MEDICAL AUTHORIZATION, HOLD HARMLESS AGREEMENT & CONSENTS:

In the event a participant is injured or becomes ill while participating in a program offered through the Nantucket Community School, the team member in charge will contact the participant's emergency contact. However, if the emergency contact cannot be reached, or if in the judgment of the staff, the illness or injury requires immediate attention, the Nantucket Community School is authorized to obtain such medical assistance as deemed necessary or proper, including, but not limited to, appropriate medical treatment at Nantucket Cottage Hospital. In order to provide this authorization, this Emergency Medical Authorization form, Hold Harmless Agreement and Consent form must be completed and on file with the Nantucket Community School.

I _____ understand and agree to save and hold the Town of Nantucket, the Nantucket Public Schools, the Nantucket Community School, its agents, servants and employees, harmless from any and all liability in any way for any occurrence in my voluntary enrollment in this activity which may result in bodily injury, property loss or damage, death or other damages to me or my family, heirs or assigns.

In consideration of voluntarily participating and being allowed to enroll in this activity, I hereby personally assume all risks for injury in connection with this course/program/activity. I understand I will be financially responsible for any damage I inflict in 2015/2016 on any property of the Nantucket Public Schools or satellite location and may also lose the privilege of participating in any/all Community School Programs.

I further state that I am of lawful age and legally competent to sign this affirmation and release; that I understand the terms herein are contractual and not a mere recital; and that I have signed this document as my own free act. Furthermore, if registering for an activity that involves physical exertion, I state that I am physically fit, have consulted with a physician and assume my own risk of injury. I have fully informed myself of the contents of this affirmation and release by reading it before I signed it.

In witness hereof, I have executed this affirmation and release at Nantucket, MA on the date listed below:

Signature: _____ Print Name: _____ Date: _____