American Sign Language
Class Registration Form

Student Information:
Name___________________________________________________ Ph # __________________________
Address________________________________________ City: __________________________ State: ______
Zip: __________ Email: __________________________________________
Where did you hear about our classes? ______________________________

Two Emergency Contacts:
Name:________________________________________________ Cell #: (_____) __________________
Home#: (_____) __________________ Relation: __________________________
Name:________________________________________________ Cell #: (_____) __________________
Home#: (_____) __________________ Relation: __________________________

Class your signing up for:  ASL I____ ASL II____ ASL III ______ Baby Sign______

Do you want to sign up for our Green Newsletter?  ___ Yes  ___ No
I would like to receive it via:  ____ USPS  ____ Email
Please write in mailing address for newsletter if different than the one listed above:
_________________________________________________________________________________________
_________________________________________________________________________________________

At the request of Corpus Christi Area Council Area For The Deaf, INC dba The Deaf & Hard of Hearing Center
please initial the following statements:

PAYMENT POLICY

______ I understand and agree to registration costs of $65.00 for an individual student and a discounted price
of $55.00 for children under the age of 16.

______ I understand and agree to pay registration on or before 7:00pm on the second class day. On the
evening of the 3rd class day, if I have not paid registration in full, The Deaf and Hard of Hearing Center will
issue a warning. If on the evening of the 4th class I have not paid the registration fee, I will be dropped from
the class.

______ I understand and agree that should I choose to withdraw from class, I must do so within the first 2
weeks of session. Any reimbursement will be pro-rated and The Deaf and Hard of Hearing Center will issue a
check for the reimbursement.

Continued...
American Sign Language
Class Registration Form (cont.)

Request of Corpus Christi Area Council Area For The Deaf, INC dba The Deaf & Hard of Hearing Center

WAIVER OF LIABILITY

_____ I agree to indemnify and forever hold harmless the Deaf and Hard of Hearing Center (DHHC), its officers, agents, employees, and instructors represented, for any and all injuries or illness incurred. I authorize the staff and volunteers to act in their best judgment in any emergency including, but not limited to, medical emergencies.

PHOTOGRAPH/VIDEO RELEASE

_____ I authorize permission for the use of my photograph/interview/video of myself or child. I agree that the requesting party named above may use the photograph(s) and/or interview/video information for such purposes and in such manner as may be deemed necessary. I relieve and here by agree to hold DHHC free and harmless for any liability arising out of the photographing and/or interviewing for subsequent publication/broadcasting. I understand that photographing and/or interviewing are being carried out with my consent to the requesting party named above, and so assume full responsibility.

PROCEDURE ACKNOWLEDGEMENT

_____ I understand that an American Sign Language Interpreter will be at the first and second class meetings for ASL 1.

_____ I understand and agree that students are expected to attend all 10 classes. If, for any reason, a student is absent 3 or more classes, the class will be considered ‘incomplete’ and the student thereby forfeits their certificate of completion. It is important to attend all 10 classes so the student does not fall behind as each class covers a large amount of vocabulary. Please note: Makeups are available during the last 2 weeks of classes by one on one appointment with the instructor, or by private session via an instructor approved tutor.

_____ By signing below, I understand and accept the terms and conditions set forth herein. These terms and conditions govern the relationship between myself and The Deaf and Hard of Hearing Center (DHHC). By registering for class I agree to be bound by these terms and conditions, which outline, among other things, the cancellation policy and attendance policy. These terms and conditions affect my rights and designate the governing law and forum for the resolution of any and all disputes.

___________________________  ____________________________
Student Signature                            Date

___________________________  ____________________________
Guardian Signature (if under 16)                Date

___________________________  ____________________________
Deaf & Hard of Hearing Center-Staff                Date