



The Deaf and Hard of Hearing Center
Corpus Christi Area Council for the Deaf, Inc.
5151 McArdle Road
Corpus Christi, Texas 78411-3911

Date: _____
Staff: _____
Method of Payment: _____
Entered into Access: _____

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...



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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), it's 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