



RECREATION ASSOCIATION

333 Shawville Blvd S.E.
 Phone: 201-8652
 Fax: 201-8657

2011 - 2012 Program Registration Form Language Programs

Please ensure your registration form is completed and signed. Payment **MUST** be made at the time of registration. Registrations are accepted on a first come, first served basis. Multiple program and/or multiple family member registrations will receive a 10% discount! Registration deadline is one (1) week prior to course start date.

Program Name	Day / Time	Course Session	Dates	Course Code	Member Cost	Non-Member Cost	Check to Register
Spanish for Travelers Adult 14+ yrs	Mondays 7:00 – 9:00 pm	Spring	TBA		\$225.00	\$252.00	<input type="checkbox"/>
Introduction to Spanish Adult 14+ yrs	Tuesdays & Thursdays 7:00 – 9:00 pm	Winter #2	March 06 – March 22, 2012	3671	\$130.00	\$160.00	<input type="checkbox"/>
		Spring	May 08 – May 24, 2012	3672	\$130.00	\$160.00	<input type="checkbox"/>
Daytime Introduction to Spanish Adult 16 + yrs	Monday 9:00 – 11:00 am	Winter #2	Feb 27 – April 09, 2012	3668	\$130.00	\$160.00	<input type="checkbox"/>
		Spring	May 07 – Jan 18, 2012	3669			

TOTAL COST: _____

* For other Spanish classes and levels please visit Spanishmania at www.spanishmania.ca or call (403)475-6162.

Refund Policy: Refunds requested up to 1-week prior to the start of program will receive a full refund. Once a program has started, **refunds will only be issued for medical reasons**, and will require a doctor's note before the refund is processed. The refund amount will be pro-rated based upon the number of classes remaining in the program. **All refunds requested after the registration deadline, regardless of reason, are subject to a \$10.00 administration fee.**

NAME OF PARTICIPANT: _____

NAME OF PARENT/GUARDIAN: _____
(if under 18 yrs)

ADDRESS: _____

CITY/TOWN: _____ **POSTAL CODE:** _____ **EMAIL:** _____

PHONE NUMBER: (H) _____ (B) _____ (C) _____

EMERGENCY CONTACT NAME: _____ **EMERGENCY CONTACT #:** _____

ALBERTA HEALTH CARE #: _____ **BIRTHDATE:** _____

COMMUNITY MEMBERSHIP CARD #: _____ EXPIRY DATE: _____

CREDIT CARD #: _____ EXPIRY DATE: _____

(if paying by credit card)

ANY MEDICAL CONDITIONS WE SHOULD BE AWARE OF: _____

Participation Waiver:

Every reasonable precaution has been taken to ensure the safety of the event and the participants. I, on behalf of myself, my child, my heirs, successors and assigns, assume all risks and hazards incidental to the conduct of the activity, also transportation to and from the activity, and any medical costs that may arise with respect to my participation. I do further hereby release, indemnify and hold blameless the South Fish Creek Recreation Association, the employees, sponsors, instructors and supervisors of the Association(s).

- 1) From time to time South Fish Creek Recreation Association will take photos of program participants for marketing purposes. If you **DO NOT** wish to have your photo or that of your child's published please indicate by checking the following box otherwise, South Fish Creek Recreation Association will assume consent.
 No, I do not give permission.
- 2) South Fish Creek Recreation Association reserves the right to cancel these programs and issue a full refund if there is insufficient registration by the registration deadline. Registration forms will be accepted on a first come first served basis. You will be contacted if your first session choice is unavailable.
- 3) Member rate are available for SFCRA Founding Members, as well as members of the following community associations: Evergreen, Shawnee, Midnapore, Sundance, Millrise, Shawnessy, Chaparral, Bridlewood & Somerset.

SIGNATURE: _____ **DATE:** _____

I understand and agree to abide by the above rules. If I do not abide by the rules, I understand that I may be removed from the program without a full refund.

Please refer to our website at www.sfcra.com for further program details.