FOREVER LEARNING INSTITUTE REGISTRATION Spring 2018

Fill out completely and use separate form for each student

PLEASE PRINT

Name:_____ M__ F___ Phone (H) _____
Last *First* *MI* Phone (C) _____

Address:_____
Street *City* *State* *Zip*

E-mail address_____

Birth Year _____ Number of Courses _____ Previous Student_____ New Student _____

Course #	Course Name	Day	Time	Tuition
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TUITION: ***Make Checks Payable to: Forever Learning Institute***

REGISTRATION MUST INCLUDE TUITION PAYMENT: Courses: $45 CHECK/ CARD NUMBER_____ DATE_____

Emergency contact: Name: _____ Emergency Phone: _____

PLEASE SIGN WAIVER AS READ AND AGREED WITH: I agree to release, discharge and hold harmless and indemnify the Forever Learning Institute, Inc., (FLI) its agents, instructors, employees or other entities acting on its behalf from all claims, demands, rights and causes of actions of any kind. I, hereby, waive all claims from personal injury or property damage arising from my activities or use of the facilities and equipment at FLI, and I accept, assume and incur all responsibility for risk of injury from such activity and exercise.
I also agree to have any picture taken of me during classes and/activities at FLI, to be used in Publications/Publicity for Forever Learning.

Signed_____

Please accept this donation to Forever Learning Institute. $ _____

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