

Smith Vocational and Agricultural High School

ADULT COMMUNITY EDUCATION REGISTRATION

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Email Address: _____

Course Name	Day & Time	Tuition
Total		\$

INJURY DISCLAIMER

Participation in the above program(s) may involve some risk of personal injury. I hereby waive and release the City of Northampton, Smith Vocational and Agricultural High School staff, its sponsors and/or designees from responsibility of injury(s) relating to this program.

Signature: _____ Date: _____

EMERGENCY INFORMATION

In case of an emergency, the school should contact:

First Name: _____ Last Name: _____

Telephone #: _____ Relationship to Student: _____

Please make checks payable to: S.V.A.H.S. and mail with this form to:

Smith Vocational and Agricultural High School
 Attn: Adult Community Education
 80 Locust Street
 Northampton, MA 01060

We reserve the right to cancel any class as a result of insufficient enrollment.

For Office Use Only

Amount Received: _____ Date received: _____ Check #: _____