



# Salt Spring Island Community Education

# Registration Form

Salt Spring Island Society for Community Education Box 329, Ganges, SSI, V8K 2V9 (537-0037)

1. ADMINISTRATION INFORMATION: *PLEASE PRINT*

LAST NAME FIRST: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ SSI, BC, V8K \_\_\_\_\_

PHONE: \_\_\_\_\_ e-mail: \_\_\_\_\_

EMERGENCY CONTACT(if needed): \_\_\_\_\_ PHONE: \_\_\_\_\_

2. LIABILITY WAIVER: *Please read carefully and note that this is a legal document.*

The Salt Spring Island Society for Community Education (SSI SCE), instructors, volunteers, and staff thereof will not be held responsible for any loss of property, negligence on the part of the releasees and/or the participant or injuries incurred while the above participant, individual group, or organization are taking part in the activities/ events described below. Parents, guardians or individuals signing this form agree to indemnify and hold harmless the staff, instructors, volunteers and members of SSI SCE.

\_\_\_\_\_, 2007  
Signature and Date

3. COURSE PLANNING CHART: *Please fill in using the information from the Course Program on this site*

COURSE #	COURSE NAME	STUDENT(S)	COST no GST

Total fees:

4. CHEQUES ARE TO BE MADE OUT TO: Community Education

5. PLACE CASH OR CHEQUE (CHECK FOR CORRECTNESS) AND THIS FORM IN AN ENVELOPE. SEAL.

6. MAIL TO ABOVE ADDRESS OR PLACE IN COMMUNITY ED BOX AT THE SCHOOL BOARD OFFICE.

7. CONFIRMATION FORM WILL BE MAILED TO YOU UPON RECEIPT OF YOUR FEES. **Thank you!**

-----Office use only-----

Cash  Cheque #  Bank Initials  Receipt #  Date