

### STUDENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Gender (circle): M F  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email Address: \_\_\_\_\_  
 Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Number: (\_\_\_\_) \_\_\_\_\_  
 Emergency Contact: Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship: \_\_\_\_\_

### COURSE REGISTRATION INFORMATION

CLASS SECTION #	COURSE	DAYS OF WEEK	TIME	TEACHER	LOCATION	START DATE	END DATE	CLASS FEE

Subtotal \$ \_\_\_\_\_

Semester?  FALL  SPRING  SUMMER

*I wish to include a contribution in support of Active Adults Classes* \$ \_\_\_\_\_

New Student?  Yes  No

*(Please include a separate check for donations.) Total Fee* \$ \_\_\_\_\_

### PAYMENT

CHECK (Please make check payable to:  
*San Mateo Adult School*)

CASH

DEBIT/CREDIT CARD

*Please mail or walk-in registration to  
 789 E. Poplar, San Mateo, CA 94401 or  
 Fax to (650) 762-0232*

DEBIT/CREDIT CARD:  VISA  MASTERCARD

CARD NUMBER: \_\_\_\_\_ EXP. DATE: \_\_\_\_/\_\_\_\_

SIGNATURE: \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_

*Credit Card Transactions List as SMUHSD - San Mateo Union High School District*

### LIABILITY WAIVER AND POLICIES

I, the undersigned participant, do hereby agree to voluntarily participate in the above classes, and I agree to indemnify and hold the SMUHSD/San Mateo Adult School harmless from and against any and all liability for injury which may be suffered by myself arising out of or in any way connected with my participating in this activity. I understand that NO REFUNDS will be given after the 1<sup>st</sup> class meeting unless the class or program is cancelled by SAN MATEO ADULT & CAREER EDUCATION.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_