



Adult Registration Form

Name _____

Phone _____

Email _____

Home Address _____

Emergency Contact List

Primary: Name: _____

Relation: _____

Phone: _____

Email: _____

Secondary: Name & Relation: _____

Phone: _____

Please list any allergies or other medical concerns teachers and staff should be aware of.

Allergies: _____

Other: _____

The information you have provided will be kept confidential and collected strictly for emergency use and open communication between students and instructors.

I acknowledge that SoCCA is not responsible for personal injury or lost property and hereby release all claims of liability while attending classes at SoCCA. I give my consent to SoCCA to use any pictures and/or videos I am in, for advertisement or visual presentation purposes including but not limited to newspaper ads, social media and/or websites. I understand that students at SoCCA are to be respectful of all property and equipment, other students, and instructors at all times. I understand that I am required to register for classes honestly based on an accurate membership status. The failure to comply with these standards can result in dismissal from class and the forfeiture of class fees. My signature below acknowledges and serves as an agreement to the above stated terms.

X _____ Date _____