



Registration Form – College Planning Workshops – Spring 2019

Complete after reading registration information page.

INSTRUCTIONS: (Please read carefully)

- Complete BOTH SIDES of this form and submit it to the Recreation Office at Quinlan Community Center at **10185 North Stelling Road, Cupertino CA 95014**, Monday-Thursday- 8:00am-10:00pm , Friday- 8:00am-5:00pm , or Saturday- 8:30am- 4:30pm
- Workshop is for 11th grade students (not parents) and meets for 2 hours, once a week, for 5 weeks.
- The fee is \$150. Make check payable to CITY OF CUPERTINO or pay by Visa, MasterCard, American Express, or DiscoverCard. There is a \$27.85 service charge for all returned checks.
- SCHOLARSHIPS AVAILABLE: Follow instructions found on the back of the financial aid application.
- All registrations received by **Wednesday, February 13** are entered into a lottery.
- Registrations submitted after the deadline are placed in classes on a space-available basis.
- Due to the high volume of registration forms, processing may take 2 weeks. Please refrain from calling the City of Cupertino or FUHSD with questions about enrollment until after you receive notification.

Print clearly. Course related information will be sent via email.

Student's Name: _____ Student ID #: _____

Home Address: _____ High School: _____

Home Phone: _____ Preferred Phone: _____ Grade: _____

Student Email: _____ Birthdate: ___/___/___

Parent/Guardian Name: _____ email: _____

Rank your choices for enrollment below:

- Rank the choices of each course for which you would be **willing and available to enroll**. Do not mark any times or locations that you cannot or will not attend. (Mark "1" for first choice, "2" for second, etc.) Marking one choice does not guarantee enrollment in that course.
- All registrations received by the deadline are entered into a lottery. When your registration selected, you will be placed in your first choice date, time, and location, if space is available.
- If your first choice class is full, you will be placed in your second choice class, if available, and so on.

Rank Choice	Course Code	Day	Dates	Time	Location
	7554	Tuesdays	March 12 – April 9	4:00 – 6:00pm	Cupertino HS
	7555	Tuesdays	March 12 – April 9	4:00 – 6:00pm	Fremont HS
	7556	Wednesdays	March 13 – April 10	4:00 – 6:00pm	Monta Vista HS
	7557	Thursday	March 14 – April 11	4:00 – 6:00pm	Homestead HS
	7558	Thursday	March 14 – April 11	4:00 – 6:00pm	Lynbrook HS
	7559	Thursday	March 14 – April 11	4:00 – 6:00pm	Monta Vista HS

For Office Use Only:

Scholarship ___ Full ___ Partial ___ Denied

Student's Name: _____

Student ID #: _____

I understand that my participation in the event or class exposes me to the risk of personal injury, death, or property damage. I hereby acknowledge that I am voluntarily participating in this event or class and I agree to assume such risks, including risk of personal injury, death, or damage to property. In consideration of acceptance of my application to participate in the event or class for which I am participating, I hereby RELEASE, DISCHARGE, AND AGREE NOT TO SUE, the City of Cupertino, the Cupertino Union School District, the Cupertino Public Facilities Corporation, the County of Santa Clara, the Fremont Union High School District, or any of their employees, contractors, volunteers, or agents ("collectively, City") to the fullest extent legally possible from any injury, death, or damage or loss to personal property arising out of, or in connection with, my participation in the event/class from whatever cause, including the active or passive negligence of City or any other participants in the event or class. I understand that City does not guarantee the construction, condition, or safety of the facilities where the event or class is taking place.

In consideration for being permitted to participate in the event or class, I hereby agree, for myself, my heirs, administrators, executors, and assigns, that I shall indemnify, defend and hold harmless City from any and all claims, demands, actions or suits arising out of or in connection with my participation in the event or class. I further allow my photograph to be taken and used for City purposes without compensation. I HAVE CAREFULLY READ THIS RELEASE, HOLD HARMLESS, AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT OF MY OWN FREE WILL.

IF PARTICIPANT IS UNDER 18: I AM THE PARENT OR GUARDIAN OF THE STUDENT ENROLLED IN THIS EVENT OR CLASS AND HAVE EXECUTED THIS RELEASE, HOLD HARMLESS, AND AGREEMENT NOT TO SUE. I HAVE THE LEGAL CAPACITY TO SIGN AND ACT ON BEHALF OF THE STUDENT, AND AGREE TO BIND MYSELF, THE STUDENT, HEIRS, ADMINISTRATORS, AND ASSIGNS TO ITS TERMS.

Signature of Parent or Legal Guardian _____

Parent or Legal Guardian Name: _____ Date: _____

Payment by:

___ Cash ___ Check Refund check payable to: _____

___ Visa ___ MasterCard ___ American Express ___ Discover Card

Credit Card Number _____ Expiration Date ___/___

3 or 4-Digit CVC Number _____ Authorized Amount \$ _____
(on back of card, American Express on front)

Name as it appears on the card _____ Authorized signature _____

Include with your registration:

1. Payment *
2. Signature of parent/legal guardian
3. Signature for credit cards (if paying by credit card)
4. FUHSD Financial Aid Application (if applying for scholarship assistance)

IF THE REQUIRED ITEMS ARE NOT INCLUDED WITH YOUR REGISTRATION FORM, YOUR REGISTRATION CANNOT BE PROCESSED.

For Office Use Only:

Date Received _____	Date Processed _____	Problem Letter mailed/ faxed _____	Confirmation mailed/ faxed _____
Received by _____	Processed by _____	Problem Letter mailed by _____	Confirmation mailed by _____
Refund Due \$ _____	Credit memo issued for \$ _____	Check # _____	Returned Check _____