

THE FIRE ARTS CENTER OF CHICAGO - CLASS REGISTRATION

PERSONAL INFORMATION (PLEASE PRINT)

CLASS _____ DATE _____

FIRST NAME

MIDDLE INT.

LAST NAME

ADDRESS

CITY

STATE

ZIP CODE

HOME PHONE

WORK PHONE

SIGNATURE

DATE

**EMERGENCY CONTACT INFORMATION
(PLEASE PRINT)**

NAME

ADDRESS

PHONE

RELATIONSHIP

FIRE ARTS CENTER WAIVER

I. STUDENTS ARE NOT ALLOWED TO OPERATE ANY SHOP EQUIPMENT WITHOUT THE DIRECT SUPERVISION OF THE INSTRUCTOR OR ASSISTANT INSTRUCTOR.

II. ALL STUDENTS MUST HAVE INSTRUCTOR AUTHORIZATION PRIOR TO USING ANY SHOP EQUIPMENT, AND SUCH AUTHORIZATION WILL BE RECORDED IN EACH STUDENT'S PERMANENT RECORDS AND MUST BE RENEWED YEARLY.

III. EACH STUDENT WILL BE EXPECTED TO SUPPLY THEIR OWN SAFETY EQUIPMENT AND IS RESPONSIBLE FOR THEIR OWN SAFETY WHILE IN OR AROUND THE FIRE ARTS CENTER OF CHICAGO.

IV. IN SIGNING BELOW, I INDICATE THAT I UNDERSTAND THESE RESTRICTIONS AND FURTHERMORE ACKNOWLEDGE MY TRUST IN THE QUALITY OF INSTRUCTION I WILL RECEIVE, AND I HOLD HARMLESS THE FIRE ARTS CENTER OF CHICAGO OR ITS PRINCIPLES FOR ANY INJURIES SUSTAINED WHILE USING ANY OF THE EQUIPMENT OR FACILITIES IN OR AROUND THE FIRE ARTS CENTER WHETHER UNDER THE SUPERVISION OF AN INSTRUCTOR, OR OPERATING INDEPENDANTLY.

V. CLASS FEES ARE NOT REFUNDED EXCEPT DUE TO CANCELLATION OF CLASS BY INSTRUCTOR OR FACC STAFF.

VI. INSTRUCTOR OR STUDENTS SHALL WAIT 1/2 HOUR BEFORE LEAVING OR CANCELLING CLASS IN CASE OF EMERGENCY.

THIS SECTION FOR OFFICE USE ONLY

\$385 for 16 weeks/285 for 12 weeks-.class fee

AMOUNT PAID: _____

AMOUNT OWED: _____

DATE OF DEBT ELIMINATION: _____

INSTRUCTOR INITIALS: _____

\$125. PER MONTH CO-OP MEMBERSHIP DUES:

MONTH	1	2	3	4	5	6	7	8	9	10	11	12
2002												
2003												
2004												
2005												

**SHOP AUTHORIZATION CARD:
(CHECK ONE)**

LEVEL	A	B	C	D	E
INIT					
RENEW					

VII. IN CASE OF INSTRUCTOR EMERGENCY, MAKE-UP DATE WILL BE SET.

IN CONSIDERATION FOR THE FIRE ARTS CENTER ALLOWING THE BELOW SIGNED STUDENT TO PARTICIPATE IN CLASSES AND PROGRAMS, THE PARTICIPANT AND HIS/HER REPRESENTATIVES DO HEREBY AGREE TO RELEASE AND DISCHARGE THE OFFICERS, ADMINISTRATORS, STAFF, INSTRUCTORS AND AGENCIES FROM ANY AND ALL CAUSES OF ACTION DAMAGES, CLAIMS, COSTS AND EXPENSES INCLUDING ATTORNEY'S FEES AND LIABILITY IN ANY WAY ARISING FROM OR INCIDENTAL TO THIS AUTHORIZATION.

SIGNATURE

DATE