

Persian Cultural Club

1W Campbell Ave, D38-39
Campbell, CA 95008-1041
Tel: (408) 374-9398

Summer Classes 200 Registration Form

Name of Student: _____

Dates of PCC Summer Classes Registration: _____

Student's Date of Birth: _____

Name of Parent or Guardian: _____

Address of Parent or Guardian: _____

Home Phone Number: _____

Cell Phone Number: _____

Work Phone Number: _____

Email Address: _____

Person to Contact in Case of Emergency: _____

Phone Number(s) to Contact in Case of Emergency: _____

Student's Medical Insurance Carrier's Name: _____

Student Medical Insurance Number: _____

Student's Medical Doctor's Name: _____

Student's Medical Doctor's Phone Number: _____

Student's Dentist Name: _____

Student's Dentist Phone Number: _____

By signing below, I acknowledge that I have read and understood the Persian Cultural Club's policies and procedures (attached) and that, I agree to adhere to these policies and procedures, including but not limited to tuition, refund and safety measures.

In addition, I understand that there are inherent risks of possible physical injury associated with, arising out of, and inherent to activities such as dance, arts, cooking, swimming and soccer. In recognition of this, I agree to release and hold harmless the Persian Cultural Club of all liabilities, and hereby acknowledge that I am knowing and voluntarily assuming full responsibility of all risks of physical injury arising out of active participation of the student registered herein in the PCC classes.

Signature: