



# State Technical College of Missouri - Activity Center

## Program Registration Form

One Technology Drive - Linn, Missouri 65051

Date: \_\_\_\_\_  Activity Center Member  Non-Member

### Participant Information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: Male or Female  
School: \_\_\_\_\_ Current Grade: \_\_\_\_\_ -or- Grade Entering: \_\_\_\_\_  
Shirt Size(when applicable): Youth: S M L XL Adult: S M L XL

### Parent(s)/Guardian(s) Information:

Primary: (last) \_\_\_\_\_ (first) \_\_\_\_\_ Secondary: (last) \_\_\_\_\_ (first) \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Phone: (Home) \_\_\_\_\_ (Primary Work) \_\_\_\_\_ (Secondary Work) \_\_\_\_\_  
Cell Phone(s): \_\_\_\_\_ Email Address(es): \_\_\_\_\_

### Activity / Program Information:

Activity / Program Name	Session Dates:	Day / Time:	Fees:
_____	_____	_____	_____
			<b>Total Due:</b> _____

### Liability Release:

I understand that State Technical College of Missouri assumes no responsibility for injuries or illnesses which I may sustain as a result of my physical condition, or resulting from my observation or participation in any activity or use of facilities or equipment used. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illnesses which may result from my participation in these activities. I hereby release and discharge State Technical College of Missouri, its agents, servants, and employees from any and all claims of injury, illness, death, loss or damage which I may suffer as a result of my participation in these activities.

**I represent and certify that I am 18 years of age or older, and that my attendance and participation in State Technical College of Missouri activities is voluntary.**

**I certify that I have read and understand the foregoing request and release.**

In witness whereof, I have executed this request and release on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Participant Signature (if 18 years or older)

Parent or Guardian, if Minor

### Payment Information:

Check # \_\_\_\_\_ Cash \_\_\_\_\_ MC \_\_\_\_\_ Visa \_\_\_\_\_ Discover \_\_\_\_\_ American Express \_\_\_\_\_  
Amount: \_\_\_\_\_ Name on Card: \_\_\_\_\_  
Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I agree to pay the total amount according to the card issuer agreement.

X Signature \_\_\_\_\_ Date \_\_\_\_\_

#### FOR OFFICE USE ONLY

Date: \_\_\_\_\_ Clerk: \_\_\_\_\_ Amount Owed: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Cash Register Receipt #: \_\_\_\_\_