

## Registration Information

**BY MAIL:** Make the check or money order payable to Cerro Coso Community College and mail the payment and completed form to:

Office of Community Education  
Cerro Coso Community College  
3000 College Heights Boulevard  
Ridgecrest, CA 93555

**BY FAX:** If you would like to pay by VISA or MasterCard, you may register by completing the payment information below and faxing this form to:

(760) 384-6377

**IN PERSON:** You can bring the completed registration form & payment to the campus nearest you. Call your preferred campus for driving directions.

Indian Wells Valley - Ridgecrest (760) 384-6106  
Eastern Sierra College Center - Bishop (760) 872-1565  
Eastern Sierra College Center - Mammoth (760) 934-2875  
Kern River Valley - Lake Isabella (760) 379-5501

Drop/Refund policies can be found at: [www.cerrocoso.edu/communityed/refunds.htm](http://www.cerrocoso.edu/communityed/refunds.htm)



## COMMUNITY EDUCATION Registration Form



Today's Date \_\_\_\_\_ If you are a current or past Cerro Coso student, provide your Student ID # (if known): @ \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Your Age Group

8 - 17     18 - 30     31 - 50     51 +

### ACKNOWLEDGEMENT & ASSUMPTION OF POTENTIAL RISK

I understand and acknowledge that some community education activities offered through Cerro Coso Community College may pose a potential risk of injury/illness to individuals who participate. I also understand and acknowledge:

- A. That in order to participate in these community education activities, I agree to assume liability for any and all potential risks which may be associated with participation in such community education activities.
- B. That the college, its employees, officers, agents, or volunteers shall not be liable for any injury/illness suffered by me while preparing for and/or participating in these community education activities.
- C. That I have no known medical condition which may post a risk to the health and safety of me or others participating in these activities.

Student Signature: \_\_\_\_\_ *If student is a minor, Parent/Guardian Signature:* \_\_\_\_\_

*Community Education students do not receive college credit for this class*

Class	Location	Dates	Times	Fee
<b>Community Orchestra</b>	Kern River Valley Campus 5520 Lake Isabella Boulevard Lake Isabella, CA 93240	<b>Start:</b> January 23, 2012 <b>End:</b> May 2, 2012	Mondays 5:00 P.M. - 8:30 P.M.	\$50

This class accepts continuous enrollment



Credit Card Number \_\_\_\_\_ Exp. Date (mo/yr) \_\_\_\_\_ 3-Digit Security Code \_\_\_\_\_ \$ \_\_\_\_\_ Total Fees  
(on back of card)

Name as it appears on the card (please print/type): \_\_\_\_\_

**Authorized Credit Card Signature:** \_\_\_\_\_

Office Use Only    Receipt # \_\_\_\_\_