

Stillwater Area Community Services Center Inc.

Box 536 19 Palmer Street, Stillwater NY, 12170

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www.stillwaterareacommunitycenter.org

Intro to Smartphone Program Development
For Middle and High School Students
Thursdays, March 1 – April 5, 6 – 7:00 p.m.

Class Registration Form

Student's Last Name: _____ First Name: _____

Parent/Guardian Name(s): _____

Mailing and Street Address: _____

City: _____ State: _____ ZIP: _____

Email: _____ Home Phone: _____ Cell Phone: _____

Registration Fee is \$20. Checks can be made payable to 'SACC'.

I am able as a parent to attend and help supervise at least one class.
(No computer knowledge needed) Yes No

How did you hear about this program? _____

I agree to bring a laptop with Windows Vista or 7 to class for my child to use (required).

As consideration for being permitted to participate in activities sponsored by SACC and/or using equipment of said organization, each participant agrees to assume all liability for injury and/or damage resulting from such participation. Each participant further agrees to hold SACC, the Town of Stillwater free and harmless on account of any act of omission or commission or negligence on the part of said organizations or its officers, agents, volunteers, or representatives. I hereby give permission for my child, named above, to receive emergency medical treatment in the event that I cannot be reached.

Signature of Parent/Guardian _____ **Date:** _____

I hereby give permission for photographs of my child to be used by the Stillwater Area Community Center for publicity purposes. **Signature:** _____

FOR OFFICE USE ONLY

FEE PAID \$ _____ **CASH OR CHECK #** _____ **DATE PD** _____