

ACADEMY MEMBERSHIP APPLICATION AND COURSE REGISTRATION

Registrations will be processed on a first-come, first-served basis. Registrations will be accepted by mail and online for open courses until full.

Name _____
Address _____
City, State, Zip _____
Email _____ Phone _____
Cell _____ Emergency contact/phone # _____

COURSE REGISTRATION: Please list your choices in order of preference. When listing your choices below, you will be enrolled in those courses and should pay for them now. Listing an alternate course (see alternate line below) indicates the course you wish to be enrolled in if any of your chosen courses are full when your application is processed.

First course _____
Second course _____
Third course _____
Fourth course _____

If one of your courses is sold out at time of placement, you will be placed on a waiting list and enrolled in your alternate course. You will have the option of enrolling in additional courses in January based on availability. Please wait to pay for additional courses until you register for them.

Alternate course _____

MEMBERSHIP DUES and COURSE FEES

Membership: (Current Members Disregard) \$75.00

First Choice (\$50)	+\$	_____
Second Choice (\$50)	+\$	_____
Third Choice (\$50)	+\$	_____
Fourth Choice (\$50)	+\$	_____
	Subtotal \$	_____

GIFT GIVING

I wish to be anonymous _____

A.L.L. Fund Contribution: Amount to be applied to

General Fund \$ _____

Endowment Fund \$ _____

Pat Leonard Assistance Fund \$ _____

+Total Gift \$ _____
TOTAL ENCLOSED \$ _____

Would you like to volunteer _____

If you would prefer not to have your personal information shared, please check here _____ Please make checks payable to: **Academy for Lifelong Learning.**

Mail application, payment and completed waiver to: A.L.L. Course Registration, Academy for Lifelong Learning, PO Box 4395, Saratoga Springs, NY 12866

Are you a new member? _____ **If so, how did you hear about the Academy?** _____

ACKNOWLEDGMENT RELEASE AND WAIVER

The undersigned does hereby acknowledge that he/she is participating in a program or activity by or through the ACADEMY FOR LIFELONG LEARNING SARATOGA REGION, INC. Saratoga Springs, N.Y., referred to herein as "A.L.L." The undersigned does waive and release said A.L.L., A.L.L. staff, A.L.L. course leaders, and A.L.L. Executive Council from any and all claims for injury or damage sustained by, through or as a result of said activity, and does further hold said A.L.L., A.L.L. staff, A.L.L. course leaders, and A.L.L. Executive harmless for any claims resulting therefrom.

Yes _____ No _____ A.L.L. may reproduce for publicity and news releases any photo images of me taken while participating in A.L.L. activities. (If you've checked "NO," it is YOUR responsibility to remove yourself from the photo before it is taken.)

Date _____ Print name _____ Signature _____

In case of emergency, please contact: _____ Phone _____