

Agape Community Center

378-18th Avenue, San Francisco, CA 94121Phone: 415-387-7204Fax: 415-751-6389Website:www.accsf.orgEmail: accsf@accsf.orgOffice hours vary; please call

Adult & Senior Program Registration Form

2024 Spring Semester: 01/09 - 05/08 Registration Fee: \$30 per student Please make check payable to "ACC" Please mail check/cash to ACC or pay in person

Name:______中文名:_____

Gender: \Box Male \Box Female

Age: below 20 □ 21–30 □ 31–45 □ 46–55 □ 56–70 □ above 70

Language: Cantonese English Mandarin Other:

Address:

City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Participant's Consent Form

- 1. I understand that Agape Community Center (ACC) is not responsible for any losses, damages, injuries, illnesses, or other casualties that may arise while participating during the above classes or activities. I will not hold ACC or any staff members liable in case any of the above should occur. I give permission to ACC to take full charge of any emergency if the emergency contact person cannot be reached.
- 2. I give permission for the ACC/GGCC staff and its representatives to photograph and/or videotape me 1) for display on bulletin boards/digital screens within the ACC/GGCC premises for viewing by staff and the church community, and 2) for use in brochures, newsletters, and other material for the purpose of promoting ACC/GGCC programs and providing information to students, staff, and the church community. I understand and acknowledge that the ACC/GGCC staff and representatives are not responsible or liable for the effects or consequences of photographs and/or videotapes taken of me by any third party.
- 3. I understand that all classes are subject to cancellation if the minimum participant requirement is not met for that class.

Participant's Signature:

Date:

By signing, I agree with the statements above

Emergency Contact Person

Name:

Phone: