Agape Community Center

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

Adult & Senior Program Registration Form

> **2025 Spring Semester: 1/7 - 5/6**
> **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: _____
(First Name)   (Last Name)

Gender: ☐ Male   ☐ Female

Age: ☐ Under 20 ☐ 21–35 ☐ 36–55 ☐ 56–70 ☐ Over70

Language: ☐ Cantonese ☐ English ☐ Mandarin ☐ Other: _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contact Person

Name: _____ Phone: _____

Relationship:_____

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