

# REGISTRATION FORM

Name (First, Middle, Last) \_\_\_\_\_ Birthdate (M/D/Yr) \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work phone \_\_\_\_\_ Home phone \_\_\_\_\_

E-mail address \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Course Title	Course No.	Fee
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
PLU Credit? Yes _____ No _____	<b>TOTAL</b>	_____

## Method of Payment

\_\_\_\_\_ **Check** (payable to ABAC) \_\_\_\_\_ **Cash**

\_\_\_\_\_ **Credit Card**  MasterCard  Visa  
 American Express  Discover

### • For Office Use Only •

Date Rec'd \_\_\_\_\_

Mail \_\_\_\_\_ Walk-In \_\_\_\_\_ Fax \_\_\_\_\_

Amt paid \_\_\_\_\_

Name as it appears on credit card (please print) \_\_\_\_\_

Billing Address \_\_\_\_\_

Bankcard number \_\_\_\_\_

Expiration date \_\_\_\_\_

\_\_\_\_\_ Bill my employer. (Please attach a letter of authorization on company letterhead.  
Indicate the name and address to whom billing should be directed.)

## PARENTAL CONSENT AND RELEASE FROM LIABILITY

I/We the undersigned parent(s) of the above identified minor, do hereby consent to his/her participation in the course(s) named above and do forever release, acquit, discharge, and agree not to sue Abraham Baldwin Agricultural College and the Board of Regents of the University System of Georgia, its members individually, and its officers, agents and employees from all claims, demands, rights and causes of action of whatever kind or nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, resulting from participation in and in any connection with such programs.

In the event that my child becomes ill or sustains injury while in the care of Abraham Baldwin Agricultural College programs, I give permission to administer first aid to him/her. I also give permission to admit my child to any hospital for such treatment as is deemed necessary.

Signed \_\_\_\_\_ Date \_\_\_\_\_ Relationship \_\_\_\_\_