

ELM
P.O. Box 669784
Marietta, GA 30066

ELM Program Participation Release

I, _____, ask that I be allowed to take part in the program or activity which is sponsored by Enrichment of Life Movement (ELM).

I do not have, to my knowledge, any medical or separate condition that would prevent me from taking part in the program or activity I have chosen to be part of at ELM.

If there are any medical reasons that might be a concern, to my knowledge, to my participating in any program or activity of ELM, then I will seek and consult with a medical professional(s) before I participate in such ELM program or activity.

This is a voluntary participation on my part and I agree to release ELM from any responsibility from any injury or illness as a result of my participating in this program or activity sponsored by ELM.

I do understand the potential risks that the ELM program or activity represents and I do consent to participate in my chosen ELM program or activity understanding those risks.

Signature

Date

WINTER QUARTER 2012 - REGISTRATION ONE PER PERSON - PLEASE PRINT CLEARLY

Last Name _____
First Name _____
Street _____ Apt # _____
City/State _____ ZIP _____
E-Mail _____
Home Phone (____) _____ New Home Address? Check Here _____
Emergency Name _____ Emergency Phone (____) _____

Please enter a 1st and 2nd choice for each class you choose.
You will not be called. You will only be notified if 1st choice is filled.

Register by Course Number	1st Choice	2nd Choice
(COURSES 101 – 119) 9:30 – 10:30	_____	_____
(COURSES 201 – 225) 10:45 – 11:45	_____	_____
(COURSES 301 – 326) 9:30 – 11:30	_____	_____
(COURSES 401 – 410) 1:00 – 2:00	_____	_____
(COURSES 601 – 621) 1:00 – 3:00	_____	_____

Are You a BOARD MEMBER? ___ INSTRUCTOR? ___ VOLUNTEER? ___

Are You a FIRST TIME Member? YES ___ NO ___

How did you hear about ELM? _____

Registration: Postmarked by December 10, 2011. Late fee: \$15.00

*Registration Fee: \$ 35.00 *\$50.00 if registering after 12/10/2011

Donation (Optional): \$ _____

Company Name for Matching Funds: _____

Total Enclosed: \$ _____

_____ I would like to apply for a scholarship.

_____ Yes, I am interested in volunteering. Please contact me.

Make Check Payable to: ELM

Mail to: ELM – P.O. Box 669784, Marietta, GA 30066

IMPORTANT

If you register for a limited enrollment class, and cannot attend, call ELM Office at 770-429-7850 Ext. 7845 or email: elmcoobb@gmail.com

★ YOU MUST SIGN THE WAIVER ON THE BACK OF THIS FORM TO COMPLETE YOUR REGISTRATION ★