



LOS ANGELES  
LATAA  
Turkish American Association



## TURKISH SCHOOL ADULT CLASS REGISTRATION FORM 2010 SESSION

Please fill out this form and mail to: LATAA, P.O. Box 3053, Beverly Hills, California 90212-3053 along with your payment

STUDENT INFORMATION				For Official Use Only	
Last Name:				Received Date:	
First Name:				Payment Amount:	
Date Of Birth:		F	M	Check #:	
List of Siblings:				Cash:	
Hobbies / Sports / Activities:					
Address:					
City, State, Zip:					
Phone Number:			Email:		
Health Warnings / Allergies / Problems:					
Insurance / Physican / Phone Number:					

The above named child/student has my permission to participate in LATAA Turkish School activities. In the event of any injury, I hereby release and hold harmless from any liability ATA-SC, LATAA, LATAA Turkish School, its teachers, staff and the owner of the building in which the school activities are being held, for damages, or claim for personal injury including accidental death, as well as from claims for property damage which may arise in connection with the above named activities. Additionally, in the event of an injury that may demand medical attention, I hereby authorize emergency treatment for my child and I will be responsible for the payment for said treatment.

Signature of Student or Parent (If student is a minor ) \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE MAKE CHECKS PAYABLE TO LATAA**  
**Refund Policy:** No partial refunds or make ups for missed classes. (Illness, vacation or schedule conflict)  
**No exceptions**