



CLASS REGISTRATION

222 POLK STREET | EUGENE, OREGON 97402 | VOICE 541.653.8089 | FAX 541.684.8382

NAME		
ADDRESS/Apartment #		
CITY/STATE /ZIP		HOME PHONE
CELL PHONE	WORK PHONE	EMAIL
VEHICLE LICENSE #/STATE		DATE OF BIRTH
EMERGENCY CONTACT (Name):		RELATIONSHIP
PHONE/Where to Contact		
I AM A: Please Circle: CLAY SPACE MEMBER NEW STUDENT RETURN STUDENT		
PLACE OF EMPLOYMENT:		

PLEASE CHECK HERE IF YOU REQUIRE SPECIAL ACCOMODATIONS:

HOW DID YOU HEAR ABOUT CLAY SPACE?

FRIEND EMAIL WEBSITE WALKED BY
 PICKED UP A CARD AT: _____ AD IN: _____
 OTHER _____

I AM SIGNING UP FOR:

CLASS TITLE	INSTRUCTOR	DAY/TIME	START DATE	FEE

<input type="checkbox"/> (CHECK ENCLOSED MADE PAYABLE TO CLAY SPACE)	TOTAL CLASS FEE	
<input type="checkbox"/> I HEREBY AUTHORIZE USE OF MY CREDIT CARD:	CLAY SPACE MEMBER DISCOUNT	
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD	DEPOSIT	
CARD #: _____ EXP. DATE: _____ V-CODE: _____	TOTAL ENCLOSED	
	BALANCE DUE	

SIGNATURE (PARTICIPANT) _____ DATE _____

FOR PARENTS/GUARDIANS OF MINOR STUDENT

(UNDER THE AGE OF 18 AT TIME OF ENROLLMENT)

RELEASE FROM LIABILITY AGREEMENT: I, THE UNDERSIGNED, ACKNOWLEDGE AND UNDERSTAND THAT DUE TO THE NATURE OF EQUIPMENT AND MATERIALS USED AT CLAY SPACE THERE IS A RISK OF PERSONAL INJURY OR HARM. I RELEASE CLAY SPACE, IT'S OWNERS, OFFICERS, AGENTS, EMPLOYEES, SUCCESSORS AND ASSIGNS, AND AGREE TO INDEMNIFY AND HOLD HARMLESS FROM ANY AND ALL LIABILITY THAT MAY ARISE FROM ANY INCIDENT INVOLVING OR RELATED TO THE PARTICIPATION OF MY MINOR CHILD IN ACTIVITIES AT CLAY SPACE, ITS FACILITIES, PROPERTY, EQUIPMENT OR SERVICES, WHETHER CAUSED BY THE NEGLIGENCE OR RECKLESS CONDUCT OF ME, CLAY SPACE, A THIRD PARTY OR ANY COMBINATION THEREOF.

PARENT/GUARDIAN NAME _____ DATE _____

SIGNATURE (PARENT/GUARDIAN) _____