



**2009
REGISTRATION FORM**

Please list any medical conditions we should be aware of: _____

Waiver of Liability:

I authorize KVCC to seek medical treatment for this child while attending the KAFI Academy, if need arises. I agree to hold harmless the Center for New Media, Kalamazoo Valley Community College, its elected and appointed officials, employees, students, volunteers, and others working on behalf of KVCC, from any claim, demand, suit, or loss, cost of expense or any damage which may be asserted, claimed or recovered against or from Kalamazoo Valley Community College by reason of any damage to property, personal injury or bodily injury, including death, sustained by any person whomsoever and which damage, injury, or death arises out of or is in any way connected with camp activities. I also authorize the Center for New Media to take and use photographs and video tapes only of this child for purposes of its public relations and advertising activities.

Signature of registrant _____ Date _____

Signature of parent or guardian (if under 18) _____ Date _____

<p align="center">Registrations</p> <p>Will be accepted up to the day each workshop begins if space is available. Payment and completed Registration Form must be received by the first day of the workshop.</p>	<p align="center">REFUND POLICY:</p> <p>There are no Fee refunds after June 5, 2009 for all workshops. Cancellation notification must be received in writing by email/letter to KafiAcademy@kvcc.edu on or before June 5, 2009. If sending a letter it must be postmarked by June 5th.</p>
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Payment Instructions

Check	Credit Card	MAILING ADDRESS
Make check payable to KVCC and mail <u>with</u> completed Registration Form to mailing address.	Call KVCC Pay Station at (269) 488-4292 <u>and</u> fax or mail completed Registration Form: KAFI ACADEMY OFFICE FAX: (269) 373-7929	KAFI Academy KVCC Center for New Media P.O. Box 4070 Kalamazoo, MI 49003-4070

CONFIRMATION: KAFI will send your workshop confirmation via email/phone **after** payment is received.

For KAFI Office Use Only:

Payment Received (circle one)	<i>Visa</i>	<i>MC</i>	<i>check</i>	<i>cash</i>
Date Payment Received:				
Date Confirmation sent:				