

*LIVING THE ANSWER*TM
CLASS REGISTRATION FORM

STUDENT INFORMATION

Name: _____
Age: _____
Gender: _____
Email: _____

PARENT INFORMATION

Names: _____
Phone: _____
Email: _____
Address: _____

CLASS REGISTRATION

Class Name: _____
Class Location and Date: _____

PLEASE READ AND SIGN:

Living the Answer reserves the right to expel any student from Living the Answer classes at the instructor's discretion, either permanently or temporarily, should this become necessary to maintain order or respect in the classroom. This right will only be exercised if other reasonable efforts have failed. Should a student be expelled, a prorated refund will be provided.

Living the Answer reserves the right to use photographs of students for promotional purposes, unless the student or his or her parent requests otherwise.

Living the Answer is not liable for any illness or injury incurred by a student during the normal conduct of class, unless such injury is the result of negligence by the instructor.

Parent sign here: _____

For classes under \$100, full tuition is due on the first day of class. Make checks payable to "David Vogel." For all other classes, full payment may be made on the first day of class, or half of the tuition may be paid on the first day of class, with the remainder payable no later than six weeks after the first day of class.

Please fill out this form and return it via email to dcvogel@livingtheanswer.org, fax to 866-358-1939, or mail to Living the Answer, P.O. Box 5971, Concord, NC 28027, in order to register.