

Prevention Action Change

Building Skills to End Violence

Mail this registration form along with your check (payable to Prevention. Action. Change.) to:

Prevention. Action. Change.
P.O. Box 10843
Portland, ME 04104

Questions? Call (207) 232-0484

How did you hear about this class?

family friend co-worker web flier
 brochure...where? _____ other: _____

Please complete the following for each person attending class. If you have registered before, please just note any changes to your information.

Today's Date: _____

Name: _____ Age: _____

Occupation/Profession: _____

Street Address: _____

City, State, Zip: _____

Home Phone or Cell phone: _____

Email: _____

CLASS AND/OR WORKSHOP SELECTION(s)

Class Title	Date(s)/Time	Cost

LIABILITY DISCLAIMER

Instructors and facilities are not liable for personal injuries or loss of, or damage to personal property. Since this is a physical activity, injuries may occur. Each student may decline to participate in any activity that they feel may be harmful; and is also responsible to inform the instructor of any physical limitations that may prevent full participation. A doctor's written approval is required in order to resume classes after extended illness, physical injury or accident.

I have read, understand, and agree to the above stated policies.

Signature _____ Date _____

Print name of participant or parent/legal guardian of minor. _____