

NON-CREDIT REGISTRATION ADD/DROP FORM

(Must be completed and signed by the student)



STUDENT INFORMATION - SECTION 1 (Please print)

STUDENT NAME LAST	FIRST	MI	STUDENT ID# OR SSN
STUDENT MAILING ADDRESS STREET/BOX	CITY	STATE	ZIP
PHONE LOCAL TELEPHONE	WORK TELEPHONE & EXT.	CELL PHONE	
E-MAIL ADDRESS	DATE OF BIRTH		

ETHNIC AND RACE INFORMATION: In accordance with appropriate federal/state regulations, the College is required to collect ethnic information from all students. This information will be held in strict confidence and released only to appropriate federal/state agencies.

Ethnicity and Race: Are you Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	Race (Check one or more) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female If you would like information about support services available for students with disabilities, please contact Student Services at your CMC Campus/site.
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Registration/Add

Sequence No.	Course Title	Total
		AMOUNT PAID

DROPS

Sequence No.	Course Title	Comments

ASSUMPTION OF RISK AND RELEASE: I understand that any Colorado Mountain College ("CMC") course may involve risks of injury, death, or damage to personal property. CMC takes reasonable efforts to make its programs safe, but I understand that CMC cannot guarantee safety. Knowing the risks, I choose to register for courses at CMC. In consideration for being permitted to register at CMC: (1) I agree to follow all reasonable safety precautions; (2) I ASSUME ALL RISKS of my participation in CMC courses; and (3) I RELEASE, WAIVE, INDEMNIFY, DEFEND AND HOLD HARMLESS AND PROMISE NOT TO SUE CMC from, for and against any and all claims or liabilities of any kind whatsoever arising out of my participation in CMC courses, except for damages or injury caused by the gross negligence or willful misconduct of CMC.

DON'T FORGET	STUDENT'S SIGNATURE _____	DATE _____
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PAYMENT METHOD	
Check <input type="checkbox"/>	Cash <input type="checkbox"/>
Credit Card: VISA <input type="checkbox"/>	MASTERCARD <input type="checkbox"/>
Credit Card No. _____	Exp. Date _____
Name as it appears on credit card _____	Authorization Code _____

OFFICE USE ONLY	
Received by _____	Date _____
Processed by (if different from above) _____	Date _____
Special Authorization Signature _____	Date _____
Special Authorization Signature _____	Date _____