

**COMMUNITY PROGRAMS • REGISTRATION FORM**

PAYEE NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 PRIMARY PHONE NUMBER: \_\_\_\_\_ ALT PHONE NUMBER: \_\_\_\_\_  
 E-MAIL ADDRESS: \_\_\_\_\_

*(All class correspondence - including registrations, cancellations, & emergency alerts are sent via E-MAIL)*

*\*Please complete a separate registration form for EACH participant\**

<b>PARTICIPANT NAME:</b> _____		
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birth Date: _____
COURSE NAME	DAY & TIME	COURSE FEE
<b>TOTAL: \$</b>		_____

**ACKNOWLEDGEMENT AND ASSUMPTION OF POTENTIAL RISK**

I understand and acknowledge: (a) that these activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate, (b) that in order to participate in these activities, I agree to assume liability and responsibility for any and all potential risks which may be associated with participation by me or my dependents in such activities, (c) that the college, its employees, officers, agents, or volunteers shall not be liable for any injury/illness suffered by me which is incident to and/or associated with preparing for and/or participating in the activity(ies), (d) that photos and/or videos of me and/or my child's participation in these activities may be taken for the sole purpose of assisting in the instruction and/or promotion of future programs.

*By submitting this application, I have read and agreed to the rules and regulations set forth on this registration form and at <http://www.sunymaritime.edu/communityprograms/policy.aspx>*

**PARTICIPANT'S SIGNATURE (REQUIRED):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian's Signature (if under age 18):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PAYMENT INFORMATION**



- **Credit Card (Visa/MasterCard) #:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_  
**Security Code (on back of card):** \_\_\_\_\_ **Billing Zip Code:** \_\_\_\_\_

**Cardholder Name (Print as it appears on card):** \_\_\_\_\_

*I authorize SUNY Maritime College's Accounts Office to charge this credit card number for payment.*

**CARDHOLDER SIGNATURE (REQUIRED):** \_\_\_\_\_

- **Check/Money Order #:** \_\_\_\_\_ **Check Date:** \_\_\_\_\_  
**Make checks payable to: SUNY MARITIME COLLEGE**

**HOW TO REGISTER:**

- **DROP-OFF** – to our 24-hour front gate. Please insert this form & payment into a sealed envelope clearly marked "COMMUNITY PROGRAMS"
- **FAX** - send completed form with payment information to **(718) 409-1229**
- **MAIL** - send form with payment to: **COMMUNITY PROGRAMS • 6 PENNYFIELD AVENUE • BRONX, NY 10465**
- **NO PHONE, E-MAIL, OR WALK-IN REGISTRATIONS WILL BE ACCEPTED**

**\*PLEASE NOTE: Confirmation of registration is sent via e-mail within 2 business days of receipt of this form with payment\***

**COMMUNITY PROGRAMS**

6 Pennyfield Avenue, Bronx, NY 10465 | (P) 718.409.4955 | (F) 718.409.1229 | (E) [cprograms@sunymaritime.edu](mailto:cprograms@sunymaritime.edu)  
[www.sunymaritime.edu/communityprograms](http://www.sunymaritime.edu/communityprograms)

## **COMMUNITY PROGRAMS • POLICIES & PROCEDURES**

### **COURSE FEES & PAYMENT**

Fees must be paid-in-full to join a program. SUNY Maritime College accepts cash, personal checks, and Visa or MasterCard payments. Your name will not be placed on the class roster if only a partial payment or no payment at all has been received. Community Programs will send a confirmation of registration and receipt of payment via email if an address has been provided on the registration form. All payments are submitted to the college's accounting office within the first week of classes and may take up to 2 weeks to reflect as withdrawn. The cancelled check or credit card statement will serve as receipt of payment for the class.

### **PROGRAM CANCELLATION AND REFUND PROCEDURES**

You will be notified by email and/or phone if a program is cancelled due to low enrollment, and the full payment will be refunded or transferred to another class of your choice. Refunds may take up to four weeks from the cancellation date.

If you find you need to cancel your registration, you must e-mail [cprograms@sunymaritime.edu](mailto:cprograms@sunymaritime.edu) at least seven days PRIOR to the class start date to receive a refund. We do NOT issue refunds after that time, as stated on the Community Program's Registration Form.

Please note that Community Programs does NOT offer makeup classes (unless an emergency class cancellation is required by the college). If an emergency class cancellation is required by the college, a specific makeup date will be scheduled for all participants to attend (we cannot accommodate individual makeup date requests) and participants will be notified via email and an automated phone call.

### **FACILITY INFORMATION**

Changing rooms are located in the restrooms on the second floor of Rosenberg Hall. There are separate areas for men and women. Lockers located in these changing rooms are used by students of Maritime students only; therefore, Community Programs attendees may not use them. Restrooms are located in the main lobby.

### **FOR YOUR SAFETY**

No roller-skates, roller-blades, scooters, bicycles, skateboards, or heeled shoes may be used inside the buildings. An instructor reserves the right to move a participant to a more appropriate class based on safety, ability, and physical endurance. Children *MUST* be accompanied by a parent/guardian at all times. Community Programs reserves the right to expel anyone for not following the rules and regulations or for jeopardizing the safety of others.

### **SWIMMING POOL REGULATIONS**

No food or beverages are allowed in or around the Rosenberg Hall pool or pool deck. No one may enter the pool area without a lifeguard on duty. Appropriate bathing attire must be worn; no gym shorts, jeans, or other street clothing will be allowed in the pool. Running, skipping, pushing, or any kind of horseplay will not be allowed. Our pool is NCAA regulated and the temperature is required to be kept between 78-82 degrees. While most participants are comfortable at this temperature due to constant movement in the pool, if you feel that you or your child may be uncomfortable, it is suggested that you purchase a long sleeved rash guard shirt at a sporting goods store. These help retain body heat in the water.

### **ACKNOWLEDGEMENT & ASSUMPTION OF POTENTIAL RISK**

I understand and acknowledge: (a) that these activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate, (b) that in order to participate in these activities, I agree to assume liability and responsibility for any and all potential risks which may be associated with participation in such activities, (c) that the college, its employees, officers, agents, or volunteers shall not be liable for any injury/illness suffered by me which is incident to and/or associated with preparing for and/or participating in the activity(ies), (d) that I am responsible for my own transportation to and from the activity(ies) and the college assumes no liability for loss or injury resulting from my transportation, and (e) that photos and/or videos of me and/or my child's participation in these activities may be taken for the sole purpose of assisting in the instruction and/or promotion of future programs. I have no known medical condition which may pose a risk to the health and safety of me or others by participating in the registered activity (ies).

### **COMMUNITY PROGRAMS**