

Class Schedule

Please place a check mark by your desired class.

Program	Section	Location	Day and Time
<input type="checkbox"/> Level A - Sandy Ages 1-3 Parent and Child	1	Sandy Springs: North Atlanta COfC Room 203 5676 Roberts Dr. Dunwoody, GA 30338	Saturdays 6/7/2014-6/28/2014 11:00 a.m.-11:30 a.m.
<input type="checkbox"/> Level B - Sandy Ages 3-5 Child	1	Sandy Springs: North Atlanta COfC Room 203 5676 Roberts Dr. Dunwoody, GA 30338	Saturdays 6/7/2014-6/28/2014 10:00 a.m.-10:45 a.m.

Where to send the registration form:

You may register online or by mailing registration forms -- **parts A and B** -- to Langopoly, Inc. c/o Children Group Instruction Registration, 3455 Peachtree Road, N.E. 5th Floor, Atlanta, GA 30326. Please make checks or money orders payable to: Langopoly, Inc. Limited seating. First-Come, First-Served. Questions? Email: info@langopoly.com, phone 404.812.0104.

Student Information:

<p>Student First and Last Name:</p> <p>Nick Name:</p> <p>Age:</p> <p>Birthdate:</p>	<p>Home Address:</p> <p>T-shirt size: please circle</p> <p>Child: S M L</p>
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Parent or guardian contact Information:

<p>Mother or Guardian Name:</p> <p>Home Address:</p> <p>Email:</p> <p>Home Phone:</p> <p>Cell:</p> <p>Place of Employment:</p>	<p>Father or Guardian Name:</p> <p>Home Address:</p> <p>Email:</p> <p>Home Phone:</p> <p>Cell:</p> <p>Place of Employment:</p>
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Pick-up and Medical:

We cannot release a child to anyone without written permission.

Please list names of persons, other than a parent, who may pick up your child.

1. _____ 2. _____
3. _____ 4. _____

Persons to notify in case of emergency (other than parent):

1. Name _____ Ph.# _____

2. Name _____ Ph.# _____

Physician _____

Phone# _____

Dentist _____ Phone# _____

Health Insurance Program and ID# _____

Hospital Preferred _____

Dental Insurance Co. and ID# _____

Allergies/Health Concerns _____

Medications _____

Any Additional

Info. _____

Refunds:

Refunds will be granted minus a \$50 processing fee. However, a request for a refund must be made in writing and postmarked 14 days prior to the start of a class. There are no refunds within 14 days of the start of a class. There are also no refunds or make-up days for absences or closing due to weather/power emergencies. Please allow 4-6 weeks for a refund.

Cancellations:

We reserve the right to cancel courses due to insufficient enrollment. In the event a course is cancelled, please allow 4-6 weeks from the scheduled date of the course to receive a refund. We also reserve the right to require the withdrawal of any participant whose conduct is unsatisfactory or who appears unlikely to benefit from the program. If the directors of the program make this decision, a refund will be given for the remaining portion of class fees. We reserve the right to make staffing, schedule, or location changes as may be necessary.

Safety and Waiver Release:

Langopoly, Inc. maintains general liability insurance for its operations, but does not carry medical insurance for accidental injuries sustained in its programs. Likewise, our company does not accept responsibility for injuries, damages or loss which a program participant may suffer while participating in a Langopoly, Inc. program. If an adult is registering a minor for a Langopoly, Inc. program or if the adult is him or herself registering for a program that person ("the registrant") hereby agrees to assume the full risk of any physical injuries, damages or loss, regardless of severity, which may be sustained as a result of participating in any and all activities connected with or associated with any Langopoly, Inc. program. Said registrant hereby waives, relinquishes, fully releases and discharges, and further agree to indemnify, hold harmless and defend Langopoly, Inc., its owners, directors, officers, agents, employees and landlords against any and all rights, claims, causes of action and liabilities of any sort that the registrant may have now or in the future, including but not limited to, any claims for personal injuries, medical expenses, property damage, or losses sustained by the registrant arising out of, connected with, or in any way associated with the activities of any Langopoly, Inc. program.

In the event of emergency, I ("registrant"), authorize Langopoly, Inc. officials to secure from any licensed hospital, physician, and/or medial personnel any treatment deemed necessary for my or (in the case of a minor) my child's immediate care, and agree that I will be responsible for payment of any and all medical services required.

Photographic Images, Audio, and Video Policy:

All registrants agree that any photograph or video taken while participating in a Langopoly, Inc. course or special event may be used for promotion and publicity purposes. Course participants are not allowed to record or video the class.

Statement on Program Policies and Procedures:

With your signature below, you acknowledge that you have read and agree to abide by all course polices and procedures.

Signature of Parent or Guardian

Date