

# REGISTRATION FORM FOR TRIPS



**WAUBONSEE**  
COMMUNITY COLLEGE

Please print in ink. Use this form to register for Trips and Tours only. Return this form via:

## Walk-in Registration:

**Sugar Grove** (Student Center, Room 249)  
**Aurora Downtown Campus** (Room 112)  
**Aurora Fox Valley Campus** (Room 235)  
**Plano Campus** (Room 127)

## Mail:

**Registration and Records**  
Waubonsee Community College  
Route 47 at Waubonsee Drive  
Sugar Grove, IL 60554-9454

## Fax:

Fill out and fax to (630) 466-4964

To help protect your privacy, please do not email any forms containing confidential information. Waubonsee will not process any registration form received via email.

## REGISTRANT INFORMATION (one registration form per person)

Have you attended WCC previously? Yes No Student ID (if known) X \_\_\_\_\_  
SS # (optional) \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: M F U.S. Citizen: Yes No

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Primary Primary Primary

This information is requested solely to comply with federal laws. Your response will not affect consideration of your application or registration.

Are you Hispanic or Latino? Yes No

Answer questions below using numbers listed:

5. American Indian/Alaska Native
4. Asian
2. Black/African American
3. Hispanic or Latino
9. Native Hawaiian or Pacific Islander
1. White
8. Other/Not listed
6. Prefer not to answer

What is your primary ethnicity? \_\_\_\_\_

Are you from one or more ethnicities?

List all: \_\_\_\_\_

## EMERGENCY CONTACT

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

By registering for this trip(s), I understand that Waubonsee Community College (WCC), its officers, employees and agents, will have the right to exercise whatever supervisory authority over the participant's conduct including medical treatment. In particular, use, possession or intoxication of alcoholic or any controlled substance is not permitted. This includes the right to remove the participant from the trip at any time. If removed, the participant shall reimburse WCC for all costs relating to the participant's return. If the participant is removed during the trip, the participant forfeits all fees paid to WCC for the trip. The participant agrees to bear any medical and/or surgical expenses involved as a result of such authorization. The participant, his or her heirs, representatives or assigns, agree(s) to release, hold harmless and indemnify WCC, its trustees, officers, employees and agents, from every claim, demand or cause of action, including the defense thereof, which may be asserted by the participant, or by some third party, against WCC, its trustees, officers, employees or agents and which arise(s) out of or relates to the participation of the participant in the trip or tour. WCC is not subject to changes in itineraries, tours, schedules, programs, and/or arrangements and, due to unforeseen or unexpected circumstances, may adjust outing as believed reasonable.

| Select | Trip Name                  | Date                  | Trip Ticket # | CRN#      | Cost  |
|--------|----------------------------|-----------------------|---------------|-----------|-------|
|        | Hamilton                   | Sat., Jan. 19, 2019   | TRP897.001    | CRN 21290 | \$179 |
|        | Shake, Rattle and Roll     | Tues., March 12, 2019 | TRP896.001    | CRN 21292 | \$99  |
|        | 8 on 80 - Double Occupancy | May 16-18, 2019       | TRP892.002    | CRN 21294 | \$399 |
|        | 8 on 80 - Single Occupancy | May 16-18, 2019       | TRP892.001    | CRN 21293 | \$499 |
|        | What's Cookin', Morton?    | Weds., April 17, 2019 | TRP895.001    | CRN 21291 | \$99  |
|        |                            |                       |               |           |       |

I confirm that the above information is complete and correct.

 **Applicant's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Required to register

## PAYMENT INFORMATION PAYMENT IS DUE AT TIME OF REGISTRATION. PAYMENT INFORMATION IS DESTROYED AFTER PROCESSING.

Cash Check VISA MasterCard Discover American Express

Card Number \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_ CVV: \_\_\_\_

Authorized Credit Card Signature: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_ Name printed on Card: \_\_\_\_\_

**Total Fees:**

All information provided to Waubonsee Community College will be kept confidential with the Family Educational Rights and Privacy Act of 1974. (Public Law 93-380) Waubonsee does not discriminate based on any characteristic protected by law in its programs and activities. If you need a sign language interpreter or an accommodation for this trip, please contact Community Education at (630) 466-2360 or communityed@waubonsee.edu. A minimum of two weeks notice is requested.