



Capital Region Language Center
Connecting you to the world through language
info@crlcalbany.org
www.crlcalbany.org

If you are mailing this form, please mail it to: CRLC, 24 Aviation Road, Suite 100, Albany, NY 12205

Adult Registration Form

Name: _____

Address: _____

Birthday (month / day): _____

Phone Numbers: Which is the best way to reach you at the last minute? _____

(H): _____ (C): _____ (W): _____

Emails: _____

May we share your email with other students in your class and your instructor? _____

May we email you at work? _____

Language you are registering for: _____

Session: _____

Location (Colonie or Malta): _____

How did you hear about CRLC? _____

Payment Instructions:

When registering for classes at CRLC you are registering for a session. Specific dates will be provided in your invoice. Payment for classes is made in advance of the first class of the session and can come in 3 forms of payment; cash, check or charge. If you are paying cash, please make an arrangement to pay a CRLC staff member. Please send checks to the Albany address listed at the top of this registration form. Credit card payments must be made via the Payment Option Form. Credit card options are: in full or recurring monthly. Payment must be made prior to the first class. There is a \$35 returned check fee for returned checks. All books must be paid for prior to being issued in class. Invoices are sent by email.

Signature: _____



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Class Contract for Adult Group Classes

At CRLC we strive to help students learn languages.

Student Name: _____ Date: _____

Please initial below: "I understand that..."

- _____...I am registering for a session of classes and that neither a refund nor a credit will be issued if I choose to drop the class or have a medical emergency.
- _____...in the event where I cannot attend a class, I understand that I am allowed to attend any other group class (as an observer) from the list provided to me. This make up should be done within the current class session and with the knowledge of a CRLC staff member. I understand that there may not be a class make up option for me.
- _____...classes are designed for the registered students and if I would like to bring a guest I will seek permission from the instructor and a CRLC staff member.
- _____... I may have a substitute instructor if my instructor is unable to fulfill responsibilities.
- _____...if CRLC cancels a class because of an emergency, the class time will be made up within the session or a class credit will be issued.
- _____...if a weather condition prevents CRLC from holding class, I will call or be sure to check my messages in case CRLC has contacted me.
- _____...I am not automatically registered for subsequent sessions. In order to remain in a group class I will need to actively let CRLC know two weeks prior to the end of the session and pay my tuition at this time to avoid a late fee.
- _____...classes may be observed at any time by CRLC staff or non-staff members of the community.
- _____...whether or not I sign the video release, teachers and staff may be photographed or videotaped for marketing or training purposes.

AUTHORIZATION FOR USE OF PHOTOGRAPHS, VIDEO AND / OR AUDIO RECORDINGS

I, (printed name) _____ do permit and authorize Capital Region Language Center, LLC (CRLC) and its employees, agents, and personnel who are acting on behalf of CRLC to photograph, video or audiotape me for purposes related to the educational mission of CRLC including publicity, marketing, and promotion of CRLC and its various programs. I understand that a photograph, video or audio file may be copied and distributed by means of various media, including video presentations, television, news bulletins, mail outs, billboards or signs, brochures, placement on CRLC's websites, or newspapers.

I understand that, although CRLC will endeavor to use my photograph, video or audio recording in accordance with standards of good judgment, CRLC cannot warranty or guarantee that any further dissemination of the photograph, video or audio file will be subject to CRLC supervision or control. Accordingly, I release Capital Region Language Center from any and all liability related to dissemination of my photograph, video or audio file. I understand that I might be identified by my first name in photos or videos.

I have read this document and understand its contents.

Signature