

SPCA OF CENTRAL FLORIDA

E-Learning Course Registration Form



STUDENT INFORMATION			
Last Name	First	Age	
Address			
City	State	Zip	
E-Mail	Home Phone		
Cell Phone	School Phone	Counselor Phone	
Parent/Guardian			
School Name			
Guidance Counselor Name			

QUESTIONNAIRE
Why are you interested in participating in the SPCA Online Course?
Do you have pets at home? (please describe)

SIGNATURES	
While participating in the SPCA of Central Florida Distance Learning Program, I agree to adhere to the rules and procedures.	
Student Name (print)	
Student Signature	Date
Guidance Counselor Name (print)	
Guidance Counselor Signature	Date
I certify by my signature below that I am a parent and/or legal guardian and will be wholly responsible for any damages incurred by my child. I agree to hold harmless the SPCA of Central Florida, its agents, employees, directors, and insurance carriers from any and all claims, damages, and judgments which I may have now or in the future against the SPCA of Central Florida. I give consent to SPCA of Central Florida to use and reproduce my child's work in connection with any advertising, programming, and/or promotion of your organization in any media.	
Parent Guardian Name (print)	
Parent Guardian Signature	Date