Legacy of Life Extension Training Center Registration Form 605 W Government Street - Brandon, MS 39042

Student Legal Name:	Home Address:
(Last) (First) (Middle Int.)	
Student's Date of Birth:	Mailing Address:
(Month) (Day) (Year)	
Student's Age: Student's Gender:	(if different from home address)
Contact Person in Case of Emergency (if 18 years of age or older):	Home Number:
	Mobile Number:
(Name) (Contact number)	Email:
(if under 18 years of age) Father's Name:	MEDICAL INFORMATION: List any medications that the student takes:
Contact Number:	List any medical conditions/allergies that we
Mother's Name:	need to be aware of:
Contact Number:	mily Physician:
Parent Emails:	Contact Number:
DEADLINE FOR REGISTRATION IS MAY 27, 2020 (A minimum of 8 students are needed for the class to make) (The fees will be refunded if the class does not make)	

The Waiver of Liability Form must be completed before acceptance into class. You will find the waiver of liability on www.legacyoflifeextension.com under the education tab. The form must be printed and signed. All documents, including this application, must be scanned and emailed to

legacyoflifeextension@gmail.com. We apologize for any inconvenience, but we need signed documents for our files.	
the registration fee is paid one time per year to Training Center, and it is non-refundable. I als	below for the June and/or July terms. I understand that o continue taking classes at Legacy of Life Extension so understand that there is a technology fee per term to egacy of Life Extension Training Center computers. \$50 technology fee
Student Signature:	
Print Student Name:	
Date:	
(if student is under 18 years of age) Parent Signature: Print Parent Name: Date:	
Filmmaking and Production is a pro-	erequisite course for the Video Editing course.
Finninaking and Froduction is a pre	requisite course for the video Editing course.
First Summer Term Course: Filmmaking and Production - \$425	Second Summer Term Course: Video Editing - \$350
FOR OFFICE USE ONLY: Method of Payment: CASH, CREDIT O ORDER	CARD, CASHIER'S CHECK, OR MONEY
Total Fees Paid:	Date Received: