SPANISH ONE INTENSE WEEK - REGISTRATION FORM

You are registering for the One Intense Week Package. These classes are flexible so please write below the day(s) and time(s) that you wish to attend. Package includes 15 hours; to be taken in one week.

PLEASE PRINT CLEARLY
Please Return Registration As Soon As Possible

Date: ____________________________________________________________________
Name of individual for whom I have authority to contract: __________________________________________________________________

I represent and warrant that, whether individually or through another person, I will not, directly or indirectly, solicit, induce, recruit, encourage or otherwise endeavor to cause or attempt to cause any SIF Language School, LLC (Spanish Is Fun, LLC) employee, contractor, instructor, teacher, or consultant to terminate their relationship with SIF Language School, LLC (Spanish Is Fun, LLC) or to provide Spanish language instruction and or translation services directly to or for me or to or for any member of my family or any of my acquaintances rather than through the services of SIF Language School, LLC (Spanish Is Fun, LLC), without SIF Language School, LLC (Spanish Is Fun, LLC) written consent. In the event that I breach the foregoing, SIF Language School shall thereafter have the right to immediately cease providing services to me and, in such case I shall forfeit all unapplied fees paid to SIF Language School at that time and/or the sum of $500 additionally, at SIF Language School’s sole discretion.

If you have questions about these policies, or otherwise, contact Silvia C. Velez, Director of SIF Language School. No person except Ms. Velez has authority to make any binding commitment by or agree to any obligation whatsoever of SIF Language School, LLC (Spanish Is Fun, LLC) or its staff.

Parent/Guardian Consent and Approval: I represent and warrant that I am over the age of eighteen years and the parent or legal guardian of and have the legal capacity, requisite authority, and right to contract for the individual whose name appears below. I have read and fully understand the meaning of these policies. For good and valuable consideration, the receipt and sufficiency of which I hereby acknowledge, for and on behalf of the aforesaid individual and myself, I hereby consent to and approve the terms and conditions of the above policies and I acknowledge they will be binding upon me and the aforesaid individual, jointly and severally.

Printed Name: ___________________________  Signature: _______________________
Date: __________________ Name of individual for whom I have authority to contract: ___________________________