



Wallace State Lifelong Learning Institute
Live Well. Learn On.

WALLACE STATE

HANCEVILLE • ONEONTA

Program for Application
Phone: (256) 352-7818
Email: walli@wallacestate.edu
Post Office Box 2000 801 Main Street NW
Hanceville, AL 35077

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Campus: Hanceville Student Status: New Returning

Date: Date of Birth:

Last Name: First Name: Middle:

Address:

City: State: AL Zip:

Cell Phone: Email Address:

Home Phone:

- PLEASE REGISTER ME FOR:**
- \$120.00 WaLLi One year program (Mid-August to Mid-August) **** Includes a WaLLi T-Shirt: S M L XL 2X 3X**
 - \$50.00 WaLLi Fall Semester (Mid-August to Mid- December)
 - \$50.00 WaLLi Spring Semester (Late January to first week in May)
 - \$35.00 WaLLi Summer Semester (Mid-May to Mid-August)
 - \$99.00 Weight Training Basics 50 and older One year program (Mid-August to Mid-August)
 - \$40.00 Weight Training Basics 50 and older Fall Semester (Mid-August to Mid-December)
 - \$40.00 Weight Training Basics 50 and older Spring Semester (Late January to first week in May)
 - \$30.00 Weight Training Basics 50 and older Summer Semester (Mid-May to Mid-August)

Method of Payment:

Enclosed is a check for \$ made payable to Wallace State Community College.

Cash

Policies for WaLLi Registration: In order for scheduled classes to be held, there must be a minimum number of ten people registered for the workshop or activity. Activities requiring transportation require a minimum of 30 participants. Registration will remain open until one week prior to the date of the event and, if there are fewer than the required registrants, it will be cancelled. Anyone registered will be notified prior to the event.

For trips, you will not be on the official registration list until you complete and submit the required paperwork and fee (if applicable) for the event. We will not hold seats for anyone without required forms or payment.

Classes and trips will be filled on a first come- first served basis and, once filled, everyone else will be waitlisted. If we reach the required number of participants to make another section and are able to secure the instructor again, we will add another section and notify you of the new date and time of the workshop/event. Trips will require another 30 people for another bus to be scheduled and will occur on the same day/time.

Any activities requiring an additional fee must be paid prior to formal registration for the event. No refunds will be issued ten days prior to the event. If the activity is cancelled by the college then participants will be issued a refund. Should a participant need to cancel after the refund date then they may find someone to fill their slot; however, the participant is responsible for any registration fee monetary exchange between them and the substitute.

I acknowledge that I have read and understand the program policies.

Name Date

WaLLi EMERGENCY MEDICAL INFORMATION FORM

In case of a medical emergency the following key information would be of great value to attending medical personnel in helping to diagnose and treat a medical problem. Please complete this **CONFIDENTIAL** form which will be kept in your file to be used **only** in the case of a medical emergency. It is extremely important that all questions be answered to assure prompt and appropriate medical treatment during a medical emergency.

IN CASE OF A MEDICAL EMERGENCY WHO SHOULD BE NOTIFIED?

Name _____
Relationship _____ Home phone _____ Cell _____

PERSONAL PHYSICIAN

Name _____ Name of Practice _____
Address _____
City _____ State _____ Zip _____ Telephone _____

DO YOU HAVE ANY KNOWN ALLERGIES? Yes _____ No _____

If yes, please list the things you are allergic to including any foods or medications: _____

DO YOU HAVE ANY CHRONIC AILMENTS? Yes _____ No _____

If yes, please describe: _____

DO YOU REQUIRE ASSISTANCE WITH MOBILITY (Walker, Wheelchair, etc.)? Yes _____ No _____

If yes, device used _____

IF YOU TAKE MEDICATIONS THAT MIGHT INTERFERE WITH OTHER DRUGS, PLEASE LIST THE MEDICATION(S): _____

OTHER INFORMATION YOU FEEL IS IMPORTANT FOR THIS MEDICAL RECORD:

I give Wallace State Community College the right, in the case of a medical emergency, to provide the above information to attending medical personnel.

Signature: _____ Date: _____