

THE WELLINGTON RADIO CLUB PRESENTS ITS 2ND
Beginner's...

AMATEUR RADIO COURSE



- Communicate all over the world
- Develop basic skills to setup your own radio station, and
- Prepare to help your community in times of disaster.

BECOME AN FCC LICENSED RADIO AMATEUR!

Wednesdays from 7pm-9:30pm

July 7 through August 11

Optional weekend activities and tutoring at the EOC.
Last date includes review and FCC exam.

This course helps to prepare you for the entry-level Technician Class license exam.

It's is for people with NO technical background as well as those that are technically inclined.

Experienced members of the Wellington Radio Club will introduce you to traditional and new computer based communication modes that place the world at your fingertips.

Classes will be held at Wellington's well equipped Emergency Operations Center.

REGISTRATION COSTS:

\$ 6. Course Fee - Wellington Resident

\$ 11. Course Fee - Non Resident

Age: 14+ Minimum class size: 6 Maximum: 12

PAYABLE TO INSTRUCTIONAL STAFF:

\$20. Study guide \$12. FCC examination Fee

**For a faxable Registration form, visit or call
The Wellington Community Center...753-2484 ext 0**

~Wellington Radio Club Website: www.qsl.net/k4wrc~

COMPLETE & FAX TO: (561) 791-4009



Wellington Parks & Recreation Department

Program Registration Form – Phone (561)-791-4005 Fax (561)791-4009

WEATHER UPDATE NUMBER: 791-4005, PRESS 7

Village of Wellington

Program

Program Code #

Start Date

Time

Cost

**BEGINNERS
AMATEUR RADIO**

July 7

7 pm

REFUND POLICY: A \$10 PER PARTICIPANT/ACTIVITY ADMINISTRATIVE FEE IS CHARGED FOR REFUNDS OR TRANSFERS. NO REFUNDS ARE ISSUED AFTER THE 2ND CLASS.

INSURANCE OPTION (This box must be completed in order for us to process your registration):

Wellington Parks & Recreation does not carry medical or accident insurance for program participants. A supplemental accident insurance policy is available for an additional fee. Check "yes" to have Wellington Parks & Recreation secure the policy for you. See the registrar for a description of benefits.

Yes, please enroll me in the insurance plan. No, I do not wish to participate. _____ Initials

Children \$7.50 Code # 510219A1 Adult \$15.00 Code # 510220A1

(Please Print)

Participant's Name _____ Male Female

Date of Birth _____ Has this child played this sport before? ___ Yes ___ No

Has this child played on a travel team before: ___ Yes ___ No

Medical Conditions Coaches Should Be Aware Of _____

Mother's Name _____ Father's Name _____

Address _____ City: _____ Zip _____

Phone Number(s) _____ Cell Number: _____

Mother's Work Number _____ Father's Work Number _____

Emergency Name _____ Emergency Number: _____

You will be contacted if you'd like to be: ___ Head Coach ___ Assistant Coach ___ Sponsor ___ Volunteer

How did you hear about us?: **WELLINGTON RADIO CLUB NEWSLETTER OR ON-THE-AIR HAM RADIO ANNOUNCEMENTS**

Registration Fee _____ Check # _____ Cash _____ Visa/MasterCard _____ Accepted by _____

Non-Resident Fee _____ TOTAL PAID _____

Insurance _____ AMOUNT DUE _____

FOR FAX REGISTRATION Visa/MasterCard No. _____ EXP. DATE _____

NOTE: IF YOUR CHILD HAS A MEDICAL CONDITION, IT IS YOUR RESPONSIBILITY TO INFORM THE COACH/INSTRUCTOR.

I/We understand that a true copy of the registrant's birth certificate shall become the property of Wellington Parks & Recreation at the time of registration. I/We, as parents or guardians, agree to return all equipment issued or pay for the replacement thereof. I/We release from responsibility any person transporting the registrant to or from activities. I/We understand that participation in a contact sport may result in injury. I/We understand that I/we are responsible for any medical bills resulting from participation in Wellington Parks & Recreation programs. I/We give consent for medical treatment at the nearest hospital, doctor or medical facility. I/We understand that insurance is the patient/guardian's responsibility. In consideration of the permission granted by the Village of Wellington Parks & Recreation to participate in these activities, I/we hereby release Wellington Parks & Recreation, its agents and employees, from all actions, causes of action, damages, claims or demands which I, my heirs, executors, administrators or assigns may have against Wellington Parks & Recreation and other above-described parties for all personal injuries known or unknown which I have incurred or may incur by participating in the program above. I/We give permission for Wellington Parks & Recreation to use the participant and photograph for publicity purposes. I/We the undersigned, have read this release and understand all its terms. I/We execute it voluntarily and with full knowledge of its significance.

X _____

Printed name and Signature of Parent(s) or Legal Guardian(s)

Date

PLEASE SIGN ABOVE

VILLAGE OF WELLINGTON PARKS & RECREATION, 11700 PIERSON RD., WELLINGTON, FL 33414