



**PARKS & RECREATION DEPARTMENT
SENIOR SERVICES OFFICE**

6621 Wilson Mills Road—Mayfield Village, OH 44143
Mailing Address: 6622 Wilson Mills Road—Mayfield Village, OH 44143
Phone: 440-919-2332 Fax: 440-919-0207

**BEGINNER SPANISH LESSONS
FALL 2016**

Learn conversational Spanish so you can speak when you travel or talk to people you meet. Your instructor, Cristina Sempe, a Spanish native from Guatemala, has been teaching Spanish for over 40 years.

SESSION 1: Fridays, September 16-November 4, 2016

SESSION 2: Dates to be determined following Session I

WHEN: Fridays

TIME: 1:00-2:30 p.m.

WHERE: Mayfield Village Community Room, 6621 Wilson Mills Road

COST: \$69/8-week session

CLASS MAXIMUM: 12 students

DEADLINE TO REGISTER: Wednesday, September 7



Registration information is on the reverse side of this flyer.

REGISTRATION/WAIVER—SPANISH—FALL 2016

Please circle the session for which you are registering:

- SESSION 1 September 16—November 4, 2016
- SESSION 2 Dates to be determined following Session 1

Name(s): _____

Address: _____

City: _____ Zip: _____

Phone: _____ Alternate Phone: _____

If paying by credit card, we accept MasterCard, Visa, and Discover.

Credit Card No. _____ Expiration Date: _____

Security Code: (the last 3 digits on the back of your card) _____

Signature: _____ Total Amount: _____

I hereby release and hold harmless Mayfield Village Parks & Recreation/Senior Services and all employees, agents and representatives from any and all claims, costs, damages, and liabilities for any injuries sustained by myself in any program offered by Mayfield Village. I understand that any fees charged for a program do not include accident, or personal property insurance. I further represent that I am physically capable of participating in the program in which I am enrolled, based upon consultation with my personal physician. Further, in the event of any injury, I hereby GIVE MY PERMISSION and consent and authorize emergency first aid/or hospital care or treatment for myself if deemed necessary by qualified medical or emergency personnel, or by said employees, agents, or representatives of Mayfield Village and further agree to assume all expenses for said treatment.

Signature: _____ Date: _____