



Nā Leo TV

Community Access Television

ONLINE CERTIFICATION COURSE REGISTRATION FORM FOR STUDENTS UNDER AGE 18

1. First Name: _____ Middle: _____ Last: _____

2. Mailing Address: _____

City: _____

Zip Code: _____

3. Home Phone: _____

Cell Phone: _____

4. E-mail: _____

An E-mail is required to access online training. Computer usage at our facility is available for trainees in need of reliable internet to access training.

I don't have reliable internet. I will make appointments to use NLTV computers to access training.

I would like to be notified of NLTV News or Events. YES NO

I would like to be notified of future advanced classes, workshops, etc. YES NO

Cost of online certification course is \$100. Inquire about discounts or current promotions. Enrollment/Certification Fee for online curriculum must be paid with cash, check, or money order. Please make checks payable to Nā Leo 'O Hawai'i. Bounced checks will result in disenrollment from the online curriculum and the inability to continue classes or check out Nā Leo TV equipment until a **\$20 fee** is paid **IN CASH** in addition to full certification fees paid **IN CASH**. We encourage you to complete this course. In the event you cannot finish the training within one year, your fee **will not be refunded**.

You will be enrolled in classes within two business days of registration. If you do not receive an e-mail with log-in information from Nā Leo TV or Skyprep, check your spam/junk folder before contacting Nā Leo TV to report missing log-in information.

Student Signature: _____ Date: _____

PARENT/LEGAL GUARDIAN: Clients under the age of 18 are eligible for certification in our student program if a parent or legal guardian accompanies them at all times. By signing this form, you agree to take legal responsibility for their actions and reimburse NLTV for any damages to equipment or facilities. It is also the parent/guardian's responsibility to ensure that the client will abide by all the Policies and Procedures of Nā Leo TV.

Proof of Residency is required. HI Driver's License or State ID # _____ OR provide a copy of HELCO Bill or copy of Lease/Rental Agreement.

(Print) Parent/Legal Guardian: _____ Signature: _____

Cell Phone: _____ E-mail: _____ Date: _____

OFFICE USE ONLY

Enrollment Date: _____ Amount Paid: _____ Received By: _____

Notes: _____ Cash Check Date: _____

_____ Quickbase SkyPrep

_____ Receipt Number: _____