



*Chimera Self-Defense Designed for Women*

2801 Coho St. #301 | (608) 251-5126  
Madison, WI 53713 | chimera@danecountyrcc.org

## REGISTRATION FORM

Please print out this form, fill it in, and mail it to the address on the bottom. Each participant needs to fill out a separate registration form. **RCC will not share, sell, or trade any of your information.**

**Name:**

**Age:**

**Phone:**

**Email:**

**Address:**

**City:**

**State:**

**Zip Code:**

My check for \$\_\_\_\_\_ is enclosed. Please contribute \$\_\_\_\_\_ to the scholarship fund.

Date(s) of course you would like to take: \_\_\_\_\_

How did you hear about this course?

Relevant medical information: \_\_\_\_\_

I, the undersigned, affirm that I am in good health, and have no condition (other than listed above) which would keep me from participating in moderate physical activity. I agree to assume responsibility for any personal injury which may occur during Chimera Self-Defense classes, and that Chimera, Inc., and instructors, assistants, the Rape Crisis Center, or any sponsoring organization shall not be held responsible. I understand that Chimera is designed to help girls and women defend themselves against sexual assault. While the class is designed to be empowering and age-appropriate, the subject matter can be difficult.

Signature of participant: \_\_\_\_\_

Signature of parent/legal guardian (if under 18): \_\_\_\_\_

*Make checks (\$120 public/\$75 students) payable to the Rape Crisis Center  
and return with this form at least one week prior to the first class to:*

*Chimera Self-Defense  
Rape Crisis Center  
2801 Coho Street #301  
Madison, WI 53713*