

# Kid College Registration

Simply Coding Camps are \$100 each. Junior Naturalist Virtual Camps are \$15 each.

Complete the three sections below. A parent/guardian signature is required. Submit forms and payment to the Victoria College Workforce & Continuing Education in the Emerging Technology Complex located at 7403 Lone Tree Road, Victoria, TX 77905. For questions, call (361) 582-2528.

Withdrawal must be completed at least two business days before the course begins. No refunds are issued after course begins. If special accommodations are needed, please call (361) 582-2528 at least one week prior to beginning of the course.

## 1. Registration Form Please print. All information is required.

Camp Name \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_

Child's Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Gender: Male or Female

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Child's Age 5 6 7 8 9 10 11 12 Grade: \_\_\_\_\_

Parent Name(s) \_\_\_\_\_ Emergency Contact: (If different from Parent)

Parent Phone Number(s) \_\_\_\_\_ Name \_\_\_\_\_

Home \_\_\_\_\_ Phone \_\_\_\_\_

Work \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Does your child have any known food allergies? If yes, please list: \_\_\_\_\_

## 2. Consent and Release Form

### PARTICIPATION AGREEMENT

My child, ward, or person for whom I am legal guardian (the "Student") seeks participation in the Victoria College's Kids College Program (the "Program"). In consideration for the Student's participation in the Program, I agree as follows:

I agree that I or another parent or guardian will be available at all times by telephone while the Student is participating in the Program. I understand that the Student may be temporarily or permanently suspended from the Program if the Student engages in improper conduct, including, but not limited to:

- Disruptive, harassing, or reckless behavior;
- Possession of illegal drugs, alcohol, firearms or weapons on College property;
- Defacing, disfiguring, damaging, or destroying public or private property on College property;
- The threat or commission of physical violence against any person present on College property;
- Theft or attempted theft; or
- Failure to comply with directions of College officials acting in the performance of their duties.

I agree that I, or another parent or guardian, will be responsible for transporting the Student to and from the assigned classroom (\_\_\_\_ initials) according to the scheduled camp beginning and ending times, if applicable.

I agree that I, or another parent or guardian, will accompany the Student and remain with the Student if the Student arrives more than 10 minutes prior to the scheduled camp beginning time (\_\_\_\_ initials). I also agree that I, or another parent or guardian, will pick up the Student within 10 minutes of the scheduled camp ending time (\_\_\_\_ initials).

### CONSENT AND RELEASE

On behalf of the Student, myself, my heirs, executors, administrators and assigns, I hereby consent to the Student's participation in the program and I release, hold harmless and forever discharge Victoria College (the "College") and its officers, agents and employees, of and from any and all liability and claims, for damages, expenses, personal injury or death, which may arise in the future, related to, connected with, or growing out of participation in the Program, including, but not limited to liability and claims arising from the negligence or gross negligence of the parties hereby released. I understand that the College does not provide any hospitalization or medical insurance to cover the Student for hospital or medical expenses incurred related to participation in the Program, and I am solely responsible for the payment of any and all hospital and/or medical bills. I consent to any first aid care that the College provides for the Student, but I understand that the College is not obligated to provide any such care.

Parent or Guardian's Signature \_\_\_\_\_ Parent or Guardian's Printed Name \_\_\_\_\_

Student's Printed Name \_\_\_\_\_ Date \_\_\_\_\_

## 3. Photo and/or Video Authorization

I, \_\_\_\_\_, do hereby give Victoria College permission to use my child's photo, video, or likeness for publicity and advertising purposes.

Parent or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_