Panola College KIDS’ COLLEGE
June 22 – June 25, 2015
Registration Form

Registration for KIDS’ COLLEGE will begin Monday, April 20, 2015. Enrollment is limited and classes will be filled as registrations are received.

Student Last Name __________________________ Student First Name __________________________ Grade completed ________________

Parents’ or Guardians’ Names ____________________________________________________________

Parents’/Guardians’ Home Phone __________________________ Cell Phone __________________________ Work Phone __________________________

Address ________________________________________________________________

City __________________________ State __________________________ Zip Code ________________

E-Mail Address __________________________

**Tuition Payment**

Early Registration (April 20 – May 1):
Number of kids _____ X $130.00

Regular Registration (May 5 – May 22):
Number of kids _____ X $145.00

Siblings (added to first full-price enrollment):
Number of kids _____ X $130.00

Deadline to register is May 22nd at 12:00pm, or until classes are filled

There will be no refunds after May 22, 2015.

**KIDS’ COLLEGE T-Shirts**

Please circle the appropriate size.

Child Sizes
Small
Medium
Large

Adult Sizes
Small
Medium
Large
Extra Large
XX Large

**Payment Information:**

Total Amount Paid: $ __________________________ Date: __________________________

Form of Payment: Cash ☐ Check ☐ Check # __________ Visa ☐ MC ☐ Discover ☐ AE ☐

Credit Card #: __________________________ Exp. Date: __________________________

Name as it appears on Card: __________________________

Signature: __________________________

Panola College is an equal opportunity institution that provides educational and employment opportunities on the basis of merit and without discrimination because of race, color, religion, sex, age, national origin, veteran status, disability or genetic information.
Permission, Medical, & Media Release Form

KIDS' COLLEGE 2015

__________________________________________________________
has my permission to participate in Kids' College 2015 sponsored by Panola College.

Allergies (food), medications, dietary restrictions, health problems or any other special considerations we need to be aware of:

________________________________________________________________________

________________________________________________________________________

Medical Release

Parent/Guardian Signature: ____________________________________________

Preferred Physician: _________________________________________________

Dr. Phone: __________________________________________________________

Preferred Hospital: __________________________________________________

Emergency Contact: _________________________________________________

Phone: ______________________________________________________________

Insurance Carrier: ____________________________________________________

Policy #: ____________________________________________________________

In the event of a medical emergency, I authorize the personnel of Panola College Kids' College to seek appropriate medical attention for my child.

The following people have permission to pick up my son/daughter:

Name: _______________________________________________________________________________________

Phone: _______________________________________________________________________________________

Name: _______________________________________________________________________________________

Phone: _______________________________________________________________________________________

Name: _______________________________________________________________________________________

Phone: _______________________________________________________________________________________

MEDIA RELEASE

I hereby authorize Panola College to photograph my child/children and any subject matter owned by me or my child, in still picture and motion picture form, and to record my child's voice, or to cause such photographs and pictures and recording to be made. I hereby consent to the exhibition of such photographs and pictures and the use of my child's name and voice by you, the world, whether such exhibition and use are sponsored or not. I also consent to the use of such photographs, the right to use my child's name, voice and photographs and pictures in advertising and in publicity in connection with a subsequent exhibition, and in the exhibition itself.

I hereby release you and all other parties from any and all liability, claims or causes of action, arising out of, or created by, the use of my child's photograph or photographs, picture or pictures, and name and voice, as set forth above.

This authorization, consent and release shall apply to all photographs, pictures and recordings of the above-signed, made with the knowledge and acquiescence of the above-signed, from the date hereof until the above-signed shall give you written notice that this authorization, consent and release is no longer effective. This agreement shall be binding on me, my heirs, administrators and executors, and shall inure to the benefit of you, your successors, assigns or licensees.

Participant Name: ____________________________________________________

Parent/Guardian Name (Print): _________________________________________

Parent/Guardian Name Signature: _________________________________________

RELEASE & WAIVER OF LIABILITY

The undersigned hereby acknowledges that participation in this camp and related activities involves a possible risk of physical injury. The undersigned on behalf of the registrant, hereby assumes all such risk and does hereby release and forever discharge the camp and all the employees and agents thereof from any and all liability of whatever kind or nature, rising from and by reason of any and all known and unknown, foreseen and unforeseen, bodily injury and personal injuries, damage to property, and the consequences thereof, resulting from the registrants participation in or involvement with this camp, including any failure of equipment or defect in the premises.

I hereby state that I am the legal guardian of said registrant.

Participant Name: ____________________________________________________

Parent/Guardian Name (Print): _________________________________________

Date: ____________________ Parent/Guardian Name (Signature): _____________

Parent/Guardian Signature: ___________________________ Date: _____________

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