

KIDS



JUNE 15-19

9 a.m. - noon

COLLEGE



BLINN COLLEGE - SCHULENBURG CAMPUS

FOR STUDENTS IN GRADES 4-8 OF THE 2009-10 SCHOOL YEAR

PRE-REGISTRATION IS REQUIRED. LIMITED TO 80 STUDENTS.

HANDS-ON LEARNING IN THE AREAS OF MATH, SCIENCE, TECHNOLOGY AND LEADERSHIP



Bring or Mail this form and \$49 to:

Blinn College – Schulenburg Campus,  
100 Ranger Drive Schulenburg, TX 78956

PLEASE PRINT CLEARLY!

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Child's Grade Level in Fall '09: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

**Parents must also complete the release form on the reverse side of this registration, prior to student's participation in Kid's College.**

## BLINN COLLEGE KID'S COLLEGE

### RECOGNITION AND ASSUMPTION OF RISK AGREEMENT / PHYSICIAN RELEASE / PHOTO RELEASE FORM

I, the undersigned parent/legal guardian of \_\_\_\_\_, authorize said child's full participation in Blinn College Kid's College, including related program activities. It is my understanding that participation in the activities that make up Blinn College Kid's College is not without some inherent risk of injury. As such, in consideration of my child's participation in Blinn College Kid's College, I hereby release, waive, discharge, and covenant not to sue the program, Blinn College, their officers, servants, agents, or employees from any and all liability, claims, demands, action, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child, whether caused by the negligence of the releases, or otherwise while participating in such activity, or while in, or upon the premises where the activity is being conducted. I also give my permission for any emergency medical care or treatment by a physician, surgeon, hospital, or medical care facility that may be required, including transportation, and accept responsibility for the cost.

Print Student's Name: \_\_\_\_\_

Personal Insurance Company & Policy Number: \_\_\_\_\_

I understand that by submitting this form, my child's name, picture and name of school may be published on the Internet under the Blinn College website and/or in any Blinn College Kid's College printed publications. No addresses will be associated with photos.

Parent/Guardian signature: \_\_\_\_\_

I also agree to follow all instructions and procedures in order to maintain a maximum level of safety.

Student's signature: \_\_\_\_\_

**THIS FORM MUST BE COMPLETED AND SIGNED FOR EVERY STUDENT**

**PARTICIPATING IN BLINN COLLEGE KID'S COLLEGE – NO SUBSTITUTIONS OR EXCEPTIONS**

**PLEASE TURN IN AT CHECK-IN ON THE FIRST DAY OF KID'S COLLEGE IN ORDER TO PARTICIPATE IN THE BLINN COLLEGE KID'S COLLEGE**