

SUMMER CAMPS REGISTRATION FORM

Please complete the Registration/Consent form for each attendee and mail the form to Cuyahoga Community College, 3409 Woodland Ave., Cleveland, OH 44115, Attention: Summer Camps Registration, or fax to 216-987-0183.

Tri-C ID/Social Security Number (last four digits): _____

Student Name _____

Address _____

City/State/Zip _____

Parent/Guardian Name _____

Home Phone _____ Work Phone _____

E-mail address _____

School of Current Attendance _____

Birthday ____/____/____ Grade (as of Spring 2012) _____

Payment must accompany registration.

Select payment type:

Check enclosed (total amount) \$ _____ Money order

Visa MasterCard Discover

American Express Debit/Credit Card

Account Number _____

Name on Card _____

Expiration Date _____ CID Number _____ (last three digits on signature line on back of card)

Total amount \$ _____

Credit Card billing address if different from above

Cardholder Signature (required for debit/credit card payment)

Course Number	Camp Title	Start Date	Fee
TOTAL			

Workforce and Economic Development Division Refund Policy

A 100% refund is given if a completed withdrawal request is received before the camp begins. No refund is given after the camps begins.

You may register for any of the above camps or programs at 866-933-5178 or online by clicking the register button at <http://www.tri-c.edu/summercamps>.

REGISTER AND PAY ONLINE

The link below allows the convenience of registering and paying for noncredit classes online by credit card or electronic check. You can also search for current courses by title, course number or key words.

Summer Camps

www.tri-c.edu/summercamps

MEDICAL INFORMATION AND CONSENT FORM

Please list any known health problems (such as allergies, diabetes, heart trouble, epilepsy or asthma, etc.) that we should be aware of:

Please list any physical activities that your child should not participate in:

Please list any foods that your child should not eat:

Please list any religious restrictions regarding what can be done for your child in emergencies/health care situations:

IN CASE OF EMERGENCY

Consent is granted to the staff of the Cuyahoga Community College program to provide medical services through the appropriate medical facilities and/or medical service provider(s) to (student's name)

throughout my child's participation in the Cuyahoga Community College program.

Signature of Parent or Guardian

Date

Emergency Contact (other than parent):

(Last)

(First)

Relationship to student:

Daytime Telephone:

Home Telephone:

• Tri-C Summer Camps • Participation Agreement

• Participant (Child) Name:

• Description of Activity (the "Event(s)"): Tri-C Summer Camp

• Date(s) of Event(s)

• I am entering into this legally binding agreement for good and valuable consideration, the receipt and sufficiency of which I hereby acknowledge. I am the parent or guardian of the child named above, and hereby request that my child be permitted to participate in Cuyahoga Community College District's (the "College" or "College's") "Summer Camp Program." All College actions, requirements, directions, and standards shall be deemed to have been intended for the benefit of my child.

• Although a minor, my child is aware of the risks involved with participating in Tri-C's Summer Camp Program. I assure the College that I have carefully counseled my child on the risk of participating. Further, I warrant and represent that no physical or other reason would restrict or preclude my child's participation. I authorize the College and its trustees, officers, students, vendors, consultants, and employees (collectively, the "Affiliates") to obtain such medical care, emergency or otherwise, that it or they may deem necessary for my child. Further, I warrant and represent that I have adequate health insurance or personal funds to provide payment for all costs of such medical care, which shall be my responsibility.

• I acknowledge and agree that the College may dismiss my child from [Tri-C's Summer Camp Program], either temporarily or permanently, in the event of behavior that is disruptive, dangerous, uncooperative, or otherwise unacceptable in the sole judgment of the College; and in such event, the College will owe no refund or other compensation whatsoever. I grant irrevocable permission to the College and its Affiliates to use my child's name, photograph, video, likeness, voice, statements, or biographical material (collectively, "Material") associated with the Event(s) in any and all manner and media throughout the world, in perpetuity. I irrevocably assign all worldwide copyrights in the Material to the College. I waive any rights of inspection or approval.

• I agree that the Material may be edited, adapted, expanded, revised, or modified at the sole discretion of the College and its Affiliates. I consent to use of the Materials in connection with publicity, advertising, promotion, publication, and any other purposes. I understand that the College and its Affiliates may use the Materials in any media or format it chooses, whether or not for profit, including without limitation television, radio, print, promotional materials, and Internet.

• I warrant and represent that this agreement does not in any way conflict with any existing commitment on my (or my child's) part. I agree that the College is not under any obligation to exercise any of the rights, licenses, and privileges herein granted.

• I agree to release and discharge the College and its Affiliates from all claims, liabilities, losses, and costs (including without limitation, attorneys' fees and other costs of defense) that I (or my child) may now or hereafter have against any of them arising out of or relating to participation in the Event(s) or the College's or any Affiliate's exercise of rights granted by this agreement, including without limitation claims for compensation, defamation, infringement, and invasion of privacy. I agree to indemnify and hold harmless the College and its Affiliates from and against any liabilities, losses, claims, costs (including without limitation attorneys' fees and other costs of defense) and expenses arising out of or relating to this agreement, except to the extent caused by the gross negligence or deliberately wrongful acts of the College or its Affiliates. This agreement impacts my legal rights and duties, and those of my child. I have read this document and fully understand it. Agreed and accepted:

• Parent or Guardian (Print Name)

• Parent or Guardian Signature

• Date