

# KIDS' COLLEGE & GLAM

## 2015 REGISTRATION

Please fill out this registration form in its entirety. One registration form per child, per class. This form may be photocopied.

Last Name:		First Name:	
Last 4 Digits of Child's Social Security No.:		Age:	Birthdate:
Address:		City:	
State:	Zip:	Type of address: <input type="checkbox"/> Mailing <input type="checkbox"/> Physical <input type="checkbox"/> Both	
Parent/Guardian:		Home Phone:	
Work Phone:		Cell:	
Parent Email:			
Course Title:		Date:	Time:
2nd choice if 1st choice is full:		Date:	Time:
T-Shirt size: <input type="checkbox"/> 10/12 <input type="checkbox"/> 14/16 <input type="checkbox"/> Adult S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL			

Only one t-shirt per child will be given.

The following information is required by the Coordinating Board of the Texas College and University System:  
☐ Male    ☐ Female    |    ☐ Black    ☐ White    ☐ Asian    ☐ Hispanic    ☐ American Indian    ☐ Other

**EMERGENCY INFORMATION:** If I cannot be reached to make plans for emergency medical care for my child, I give my permission for Texarkana College to take my child to (hospital) \_\_\_\_\_, (Dr.) \_\_\_\_\_.

Child's known allergies or significant medical history: \_\_\_\_\_

- \_\_\_\_\_ My child has permission to take field trips planned with the class.
- \_\_\_\_\_ I understand photos may be taken for marketing purposes. I give permission for my child's to be used in such.
- \_\_\_\_\_ I understand Texarkana College is not responsible for any items (i.e. clothing or money) my child may bring to class.
- \_\_\_\_\_ I have discussed inappropriate behavior with my child and am aware inappropriate behavior will result in removal from the program.

**TEXARKANA COLLEGE KIDS' COLLEGE & GLAM REFUND POLICY**

Deadline to register for, drop, or move a class for Session I (June 22-25) is June 19 and Session II (July 20-23) of Kids' College is July 17. Your signature acknowledges you understand the refund policy of Texarkana College and that no refund will be given after the above stated dates.

**RELEASE OF LIABILITY STATEMENT**

I state that I assume full responsibility for any accident or personal injury that might befall my child due to participation in Kids' College activities. I assume this responsibility with full acceptance of the risks, known and unknown to me at this time. I further state that my child has no known health problems, conditions or concerns which may preclude them from safe participation in a classroom/physical activity program, and agree to inform the instructor of any minor concerns which may develop. I give permission for my child to be transported by Texarkana College faculty, staff, or volunteers to and from the location of their related Kids' College activity. I hereby hold harmless and release Texarkana College from all liability arising out of any injury, loss, claim or damage which may be sustained by my child due to participation in Kids' College activities.

**I STATE THAT I HAVE READ THIS DOCUMENT, AGREE WITH ITS TERMS, AND I AM SIGNING THIS CONTRACT VOLUNTARILY.**

Relation to child:	
Print name:	
Signature:	Date:

**SEND FORM & PAYMENT TO:** Texarkana College Continuing Education, 2500 N. Robison Road, Texarkana, TX 75599