

### KIDS’ COLLEGE & SUMMER SWIM REGISTRATION

I am registering my child for (choose one): ☐ Kid’s College    ☐ Summer Swim

\*Name (Last, First, MI): \_\_\_\_\_

Last 4 Digits of Child’s Social Security Number: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Type of address: ☐ Mailing    ☐ Physical    ☐ Both

Parent/Guardian \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Course Title: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

2nd choice if 1st choice is full: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

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 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: \_\_\_\_\_

☐ I understand photos may be taken for marketing purposes. I give permission for my child’s photograph 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 & Summer Swim Refund Policy**  
Refunds for Kids’ College will granted ONLY if it is requested 1 week prior to Kids’ College dates. If you child is en-rolled in the June 19-22 session, the refund must be requested no later than June 12th. For the June 26-29 session, refunds must be requested no later than June 19th. The deadline to register for, drop, or move a Summer Swim class is the Friday at noon before the scheduled class. 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 Rd., Texarkana, TX 75599