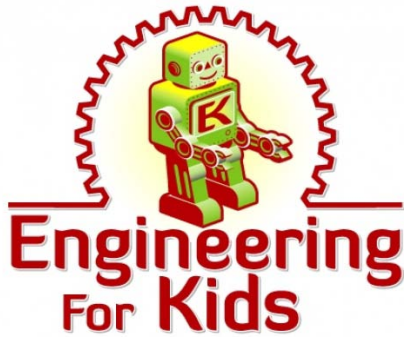




SPRING 2012 DISCOVERY DAYS

AGES 7-12



Discover

Engineering

Saturday, February 18, 2012

9am-12pm

CRN 72831

\$49 per student



Discover Green

Technology

Saturday, March 17, 2012

9am-12pm

CRN 72832

\$49 per student

Space is limited for these programs. Sessions are held at the HACC Midtown II Building located at:
1500 North 3rd Street
Harrisburg, PA. 17102

See next page for registration information:

For other details, please contact Kim Ketelsleger at kaketels@hacc.edu.



READY TO REGISTER?

BY PHONE:

If you choose to register using a MasterCard, Visa, or Discover phone our Welcome Center (717-780-2414).

BY MAIL:

If you choose to register by another method, you may visit our Welcome Center or send the completed enrollment form and tuition payment to:

HACC - Harrisburg Campus
Welcome Center
One HACC Drive, Cooper 206
Harrisburg, PA 17110

Please note that a STUDENT RELEASE EMERGENCY AND INFORMATION FORM (see next page) must also be completed before students may participate in any camp. If you have questions about this form please phone Jennifer Bodenstein 717.358-2859.

It is the policy of HACC, Central Pennsylvania's Community College, in full accordance with the law, not to discriminate in employment, student admissions, and student services on the basis of race, color, religion, age, political affiliation or belief, sex, national origin, ancestry, disability, place of birth, General Education Development Certification (GED), marital status, sexual orientation, gender identity or expression, veteran status, or any other legally protected classification. HACC recognizes its responsibility to promote the principles of equal opportunity for employment, student admissions, and student services taking active steps to recruit minorities and women. Inquiries should be directed to the Assistant to the President, One HACC Drive, Harrisburg, PA 17110, Telephone (717) 221-1300 extension 1537.

HACC Official Enrollment Form

HACC I.D. (if known) OR LAST 4 DIGITS OF Social Security Number _____ Date of Birth _____

Last Name _____ First Name _____ M.I. _____

Address/City/State/Zip Code _____

DAY Phone _____ EVENING Phone _____ CELL Phone _____

SECTION #	DATE	DESCRIPTION	COST

Method of payment: _____ Credit Card _____ Check or money order (payable to HACC)

Signature (REQUIRED FOR ENROLLMENT) & Today's Date _____

I (Print Name), _____, authorize HACC to charge \$ _____

to my ___ Visa or ___ MasterCard - Account Number: _____ Exp. Date: _____

Authorized Signature: _____



STUDENT RELEASE, EMERGENCY & INFORMATION FORM

PRINT Student Name (first, middle initial, last): _____

Address, City, State, Zip: _____

Camps/Dates Student is Attending: _____

FOR PARENTS:

I (print name), _____, as the parent of/guardian of (print name) _____
undersigned, as the parent/guardian release my child to attend the "CAMPS/DATES" as described above.

By signing below, I agree that all requirements, directions, and standards set by the staff, and use of any equipment or supplies under the supervision of the staff, shall be deemed to have been accomplished for the benefit of my child participating in the aforementioned youth program. I understand any violation of these standards by my child may result in immediate dismissal without tuition refund. I grant permission for any camp related pictures taken containing my child to be used for future promotional purposes. Considering HACC's efforts on my child's behalf, I do hereby voluntarily assume all risk of accident, injury, damage and/or lost to my child or my child's property that may arise out of his/her participation in aforementioned youth program. Further, I release HACC, its Board of Trustees, officers, employees and agents associated or connected with the aforementioned youth program from every claim, liability or damage of any kind caused by negligence of HACC, its Board of Trustees, officers, employees or agents involved or otherwise that may result from my child's participation in the aforementioned youth program.

I assure HACC that there are no medical, physical, or other reasons that preclude my child from participating in the aforementioned youth program. I authorize HACC to obtain such medical care, emergency or otherwise, that it may, in its sole discretion, deem necessary for my child. Further, I assure HACC that I have adequate Health insurance or personal funds to provide payment for all costs of medical care necessary for my child. I agree to indemnify and hold harmless HACC for any costs associated with such care.

Parent Signature: _____ Date: _____

FOR STUDENTS:

By signing, I agree that I, (print name) _____, am a minor under the age of 18. Although a minor, I am aware of the risks involved with participating in the aforementioned youth program. I understand that by participating in the aforementioned youth program I am required to follow all rules, policies, and standards set by HACC youth program staff for the safety and well-being of myself and other students, staff, and volunteers. By signing, I understand that failure to follow or violation of said rules, policies, and standards set by HACC youth program staff may result in immediate dismissal without tuition refund.

Emergency Contact Information ... in the event an emergency occurs during youth programming, please contact:

Please Print Name:	Work/Home Phone:	Cell:
Please Print Name:	Work/Home Phone:	Cell:

Medical/Allergy Information .. please list any medical or allergy information for which staff should be aware:

