

**PLEASE COMPLETE AND RETURN THIS ENTIRE FORM, ALONG WITH THE
COURSE SELECTION FORM WHEN ENROLLING!**

HACC Official Enrollment Form – KIDS' COLLEGE 2009 Spring Enrichment Programs

LAST 4 DIGITS OF Student's Social Security Number _____ Date of Birth: _____

STUDENT Last Name _____ STUDENT First Name _____ M.I. _____

Home Address _____ City _____ State/Zip _____

Daytime Phone: _____ Evening Phone: _____

PARENT/GUARDIAN SIGNATURE Required for Enrollment: _____ Date: _____

PLEASE CHECK WHICH SUMMER ENRICHMENT PROGRAM YOU ARE ENROLLING YOUR CHILD IN:

Section #	Start Date	Program Title	Cost
Total			

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

X _____
Signature _____ Today's Date _____

I, _____, authorize HACC to charge \$ _____

to my __Visa or __MasterCard, _____
Account # _____ Expiration Date _____

Authorized Signature: _____

Release Form

The undersigned, as parent or guardian of the child named on the registration form, desires that my child participate in Kids' College. By execution of this release, I agree that all requirements, directions and standards set by the staff, 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. I also grant permission that any pictures taken containing my child may be used for future promotional purposes. In consideration of 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's property that may arise out of my child's participation in Kids' College, thereby intending to release HACC, its Board of Trustees, officers, employees and agents associated or connected with Kids' College 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 Kids' College.

The undersigned acknowledges that the child named is a minor under the age of 18. Although a minor, my child is aware of the risks involved with participating in Kids' College. I assure HACC that I have carefully counseled my child on the risk of participating. Further, I assure HACC, while there are no physical or other reasons that preclude my child from participating in Kids' College, 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/GUARDIAN SIGNATURE Required for Enrollment: _____ Date: _____

Emergency Contact Information

	CONTACT 1	CONTACT 2
Name/Relationship		
Work/Home Phone #		
Cell Number #		

Please list any allergy information that HACC should be aware of:
