

**SESSION I: JUNE 21 – JULY 8** Complete boxes with correct COURSE # and TITLE. *First and Second choices are MANDATORY.*

7:30-8:20am	8:30-9:20am	9:30-10:20am	10:30-11:20am	11:30-12:20pm	1:00-1:50pm	2:00-2:50pm	3:00-5:30pm

**SESSION II: JULY 12 – JULY 29** Complete boxes with correct COURSE # and TITLE. *First and Second choices are MANDATORY.*

7:30-8:20am	8:30-9:20am	9:30-10:20am	10:30-11:20am	11:30-12:20pm	1:00-1:50pm	2:00-2:50pm	3:00-5:30pm

**ACKNOWLEDGEMENT & ASSUMPTION OF POTENTIAL RISK – YOUTH PROGRAMS** I wish to participate and/or for my child to participate in a college sponsored youth program(s) /activity(ies) during the summer of 2010. I understand and acknowledge that these activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate. I understand and acknowledge that in order to participate in these activities, I agree to assume liability and responsibility for any and all potential risks that may be associated with participation in such activities. I understand, acknowledge, and agree that the college, its employees, officers, agents, or volunteers shall not be liable for any injury/illness suffered by me which is incident to and/or associated with preparing for and/or participating in the activity(ies). I understand that I am responsible for my own transportation to and from the activity(ies) and the college assumes no liability for loss or injury resulting from my transportation. I have no known medical condition which may pose a risk to the health and safety of me or others by participating in the activity(ies). I understand that photos and/or videos of me and/or my child's participation in these activities may be taken for the sole purpose of assisting in the instruction of my child and/or for the promotion of future programs.

Child/Participant's Signature _____	Date _____	Parent/Guardian's Signature _____	Date _____
School Currently Attending _____		Homeroom Mornings (7:30-8:20am) _____ x\$25 = \$ _____	
Student Name _____	Email _____	Homeroom Afternoons (3-5:30pm) _____ x \$75 = \$ _____	
Grade/Fall 2010 _____	Date of Birth _____	Number of 50 minute courses _____ x \$75 = \$ _____	
Male/Female _____	Day Phone _____	Number of 110 minute courses _____ x \$150 = \$ _____	
Parent/Guardian: _____	Evening Phone _____	*Materials Cost _____ x \$ _____ = \$ _____	
Mailing Address: _____	Emergency Contact _____		TOTAL \$ _____
City, Zip: _____	Emergency Phone _____	Visa/MC/Discover # _____	
Allergies <input type="checkbox"/> yes <input type="checkbox"/> no		Expiration Date _____	
Explain Allergic Reaction: _____		Name as it appears on card _____	
		Signature _____	