

COLLEGE FOR KIDS- REGISTRATION FORM

SESSION I: JUN 15– JUL 1

**Complete boxes with correct TITLE and COURSE#
First and Second choices are MANDATORY.**

	7:30-8:20 Homeroom	8:30-9:20	9:30-10:20	10:30-11:20	11:30-12:20	1-1:50	2-2:50	3-5:30 Homeroom
Title Course#								
Title Course#								

SESSION II: JUL 6– JUL 23

**Complete boxes with correct TITLE and COURSE#
First and Second choices are MANDATORY.**

	7:30-8:20 Homeroom	8:30-9:20	9:30-10:20	10:30-11:20	11:30-12:20	1-1:50	2-2:50	3-5:30 Homeroom
Title Course#								
Title Course#								

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 2009. 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

Name of Student: _____

Homeroom Mornings x \$25 = \$_____

Grade in Fall 2009 ____ Date of Birth _____ Male/Female ____

Homeroom Afternoons x \$75 = \$_____

What school are you attending at this time? _____

Number of 50 minute courses _____ x \$70 = \$_____

Parent/Guardian: _____

Number of 110 minute courses _____ x \$145 = \$_____

Mailing Address: _____

* Materials Cost _____ x \$__ = \$_____

City, Zip: _____

TOTAL \$_____

Email: _____

Visa/MC/Discover #: _____

Day Phone: _____

Expiration Date: _____

Evening Phone: _____

Name as it appears on card: _____

Emergency Contact: _____

Signature: _____

Emergency Phone: _____

MAKE CHECKS PAYABLE TO: CUESTA COLLEGE COMMUNITY PROGRAMS

P.O. Box 8106, San Luis Obispo, CA 93403-8106

Questions? Call: 546-3132 FAX: 546-3107

Or go online www.communityprograms.net