

Registration Form

Parents: Please fill out the registration form, include a check for \$125.00 payable to JCJC, and mail to:

**JCJC Kids' College
% Missie Meeks
900 South Court Street
Ellisville, MS 39437**

Checks must be received by 5-23-08. After May 23, only money orders will be accepted as payment.

Student's Last Name _____ First Name _____ Middle Initial _____

Date of Birth: _____ Grade of Completion in May 2008 _____

Home Address _____

City / Town _____ State _____ Zip Code _____

Elementary school child is currently attending: _____

Parents' Names _____

Day Telephone: _____ Evening Telephone: _____

Cellular Telephone: _____ Additional Phone Number: _____

E-Mail Address: _____

Gender of Student: _____

Photography Authorization:

My child has my permission to be photographed, interviewed, or videotaped while attending JCJC Kids' College.

_____ YES _____ NO

The following people have my permission to pick up my child if I cannot be reached:

Name:

Daytime Telephone:

Photography Authorization:

My child has my permission to be photographed, interviewed, or videotaped while attending JCJC Kids' College.

_____ YES _____ NO

Health Information:

Medical Insurance

Name of Insurer/ Company

Group or Policy Number

Medical, Drug, and Food Allergies

Please list any medication your child is currently taking: _____

Please list all medical condition(s) of your child: _____

In the event of an emergency, JCJC will transport a sick or injured child to a nearby healthcare facility.

Statement of Informed Consent, Assumption of Risk, and Release:

I understand that participation in this Kids' College involves inherent risks of injury and that the nature of these risks may vary depending upon the type of activity, instructor, and my child's physical condition and conduct. I also understand that it is not possible to specifically list each and every individual risk but that most classes and activities may involve risk associated with strenuous exercise as well as risks from the usage of equipment or participation in group activities.

I understand that certain precautions may be advised for the particular class or activity. I agree that my child will follow those precautions and conform to all rules and policies of the department, the instructor, and any other sponsor of this class/activity. However, I recognize that these precautions will not eliminate the risks inherent in this class/activity.

I voluntarily assume all risks of loss, damage, illness, or injury which my child may sustain while participating in the Kids' College, including usage and or any equipment or facilities. I will make no claim against and release, waive, discharge, hold harmless, and indemnify, on behalf of myself, my personal representative, and my heirs, Jones County Junior College and its officers, agents, and employees for any and all claims and causes of action for any injury or loss, or for damages, costs, expenses, or compensation that may occur during or result from my child's participation in this Kids' College whether arising through the negligence, omission, default, or other action of any person or event associated with this event, including fellow participants.

I agree that all disputes, controversies, and claims that may arise between me, my personal representative, or my heirs and Jones County Junior College or its officers, agents, and employees relating to or arising out of this Statement of Informed Consent, Assumption of Risk, and Release will solely be resolved by final and binding arbitration administered by the American Arbitration Association. Except as may be required by law, neither a party nor an arbitrator may disclose the existence, content, or results of any arbitration hereunder without the prior written consent of both parties. My agreement to final and binding arbitration shall in no way be construed to limit any other portions of this Statement of Informed Consent, Assumption of Risk, and Release.

I have read and understand the above information. I give my permission for my child to participate in JCJC Kids' College and grant the same informed consent, assumption of risk, and release on behalf of myself, my child, and the child's family.

Signature of Parent

Date