

## Registration Form for 2010

Complete the registration form, include \$98.00 payment, and mail to:

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

\_\_\_\_\_  
Student's Last Name First Name (or name student goes by)

Age: \_\_\_\_\_ Grade of Completion in May 2010 \_\_\_\_\_

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City State Zip Code

Elementary school child is currently attending: \_\_\_\_\_

Parents' Names \_\_\_\_\_

Day Telephone: \_\_\_\_\_ Cellular Telephone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Gender of Student: \_\_\_\_\_

**Confirmation of registration will be sent via E-mail.**

**Credit or Debit Card Payment:** If you would like to pay by card instead of by check, please complete the following information.

Card Type (circle):      Visa              MasterCard              Discover

Card Account Number \_\_\_\_\_

Expiration Date of Card \_\_\_\_\_

Name on Card \_\_\_\_\_

Telephone Number of Card Holder \_\_\_\_\_

Billing Address of Card Holder \_\_\_\_\_

**Photography Authorization:** My child has permission to be photographed, interviewed, and / or videotaped during 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 risks of injury and that the nature of these risks may vary depending upon the type of activity and my child's physical condition and conduct. 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 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. I have read and understand the above information. I give my permission for my child to participate in JCJC Kids' College.

\_\_\_\_\_  
**Signature of Parent**

\_\_\_\_\_  
**Date**