

All Fall/Spring Children & Youth Program participants **MUST** have this form completed by a parent or guardian. Please submit this form with the Course Registration. (This form is not for Camp Middlesex Summer Programs.)

Student Information (Print clearly and complete all sections.)

Gender: Male Female Birth Date: _____ Child's Age: _____ Current Grade: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____ Apt. Number: _____

Home Phone: _____ City: _____ State: _____ Zip: _____

Course Code and Section	Course Title	Course Date(s) (mm/dd/yy)

Parent/Guardian Data

Last Name: _____ First Name: _____ Middle Initial: _____

Preferred Phone: _____ Alternate Phone: _____

E-mail address: _____

Emergency Contact Information

If I am not available, I hereby designate the following person(s) to be contacted in an emergency:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

The above named child has the following food allergy(ies) and/or medical condition: _____

I understand it is the responsibility of the parent/guardian to notify program staff of any change in the above information.

I, _____, the legal parent/guardian of the Children/Youth Program participant, will: (choose only one)

- Pick up my child at the conclusion of his/her scheduled course(s) in the designated location on the Middlesex College Campus.
- Permit the following individuals to pick up my child at the conclusion of his/her scheduled course(s) in the designated location on the Middlesex College Campus. No one other than the named persons below will be permitted to pick up your child.

Name: _____ Phone: _____

Name: _____ Phone: _____

I give consent for any photographs taken of my child to be used solely for Middlesex College promotional and/or public information purposes. Yes No

Waiver and Hold Harmless Agreement

Please read this form carefully and be aware that in having your child registered and participating in this program, you will be waiving and releasing all claims for injuries your child might sustain in this program.

- You agree to waive, release, discharge and/or relinquish all claims or accrued costs you may have as a result of your child participating in this program against Middlesex College, its Board of Trustees, officers, representatives, agents, faculty and staff.
- You further agree to indemnify, hold harmless, and defend Middlesex College, its Board of Trustees, officers, representatives, agents, faculty and staff from any and all claims resulting from injuries, damages and losses sustained by your child and arising out of, connected with or in any way associated with the activities of the program.
- In the event of an emergency, you authorize Middlesex College staff to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for your child's immediate care and agree to be responsible for payment of any and all charges for medical services rendered.
- I understand that the College is not responsible for lost, stolen or damaged property.
- College personnel are not permitted to hold or be responsible for administering any medication during the Fall/Spring Children & Youth program.
- I understand the College may suspend or terminate my child from the program for any reason that is deemed harmful or disruptive to the other participants or for other just cause. Refunds will not be granted if a child is suspended or terminated from the program.

I have read, understand, and agree to the foregoing information.

Parent/Guardian Name: (please print) _____

Parent/Guardian Signature: _____ Date _____