

KIDS *in* COLLEGE

CLASSES FOR CHILDREN IN GRADES K-8

KIDS IN COLLEGE

summer program at Clarion University - Venango

**Questions, please contact Kyle Vickers
at 814-676-6591, ext. 1344.**

Funding may be available for those who meet income eligibility requirements. Forms are available in the Continuing Education office.

Clarion University reserves the right to cancel any course/program that fails to achieve a minimum enrollment.

Mail registration form with payment to:
"Kids in College"

Attn: Kyle Vickers

Clarion University Venango Campus

1801 West First Street, Oil City, PA 16301

KIDS IN COLLEGE — REGISTRATION FORM — PLEASE PRINT CLEARLY

PLEASE COMPLETE ONE REGISTRATION FORM FOR EACH CHILD YOU ARE ENROLLING.

For accounting purposes, it is important that a separate registration form be completed for each child. You may copy the form as needed.

PLEASE COMPLETE ALL PARTS OF THIS FORM.

Registrations will not be processed without a completed Medical Treatment Authorization form. (See back)

Child's Name _____ Child's Date of Birth _____ Age _____

Child's School _____ Grade _____

Parent/Guardian Name _____ Parent's/Guardian's e-mail address _____

Address (Include Street, City, State, and Zip) _____

Home Phone _____ (Other) Emergency Contact Phone _____

GRADE/CLASS	AGE GROUP	DATE(S)	TIME

Method of Payment

- Enclosed is a check for \$_____ payable to Clarion University.
- Enclosed is a money order for \$_____ payable to Clarion University.
- Pay by credit card. When we receive the registration form we will contact you for your payment information.

Please do not write credit card information on this form.



150TH ANNIVERSARY
CLARION
UNIVERSITY

COURAGEOUS. *confident.* CLARION.

MEDICAL TREATMENT AUTHORIZATION AND EMERGENCY CONTACT INFORMATION

IN THE EVENT THAT I AM UNAVAILABLE TO PROVIDE PARENTAL CONSENT, I hereby authorize emergency/medical treatment as deemed necessary for my child. I understand that the consent and authorization herein granted does not include major surgical procedures and is valid only during the camp. Physical conditions that a physician should be aware of (allergies, illnesses, disabilities, etc.) are as follows:

Date of most recent tetanus immunization: _____ (If more than ten years ago, a booster shot is recommended.)

My child's family physician is:

Name Daytime telephone number

Address

I understand that every reasonable attempt will be made to contact me during my child's examination in the emergency room. If I am unavailable, please contact:

Name Relationship to child

Daytime telephone number

EMERGENCY CONTACT INFORMATION

My child may be released to _____ in the event that I cannot be reached or cannot pick him/her up from camp.

Phone number where this person may be reached **(required)** _____

_____ _____ _____
Parent/guardian signature **(required)** Relationship **(required)** Date

LEARNING DISABILITIES

Clarion University encourages academically qualified students with learning disabilities to take advantage of educational programs. My child has the following learning disability:

Note: Documentation providing specific information concerning your child's disability and its impact on learning must accompany this form.

RELEASES

I, the undersigned, individually and as parent(s) and/or guardian(s) of a minor, ask that s/he be admitted to participate in the summer camps sponsored by Clarion University. In consideration of such admission, I do hereby agree to release, discharge, and hold harmless Clarion University, its officers, agents, and employees of and from all causes, liabilities, damages, claims, or demands whatsoever due to/resulting from any injury or accident involving said minor at the camp(s) or in the course of competition and/or activities in connection with the camp(s).

_____ _____
Mother/guardian Date

_____ _____
Father/guardian Date

I, the undersigned, give permission for _____ to be videotaped and/or photographed during participation in the summer camps sponsored by Clarion University and for these images to possibly be used in future promotional materials for Clarion University.

_____ _____
Mother/guardian Date

_____ _____
Father/guardian Date