

CVCC Career Academies ~ Summer 2015 ~

Registration Form

Please complete one registration per child.

Child's Legal Name (First, middle, and Last)		
Nickname (optional)		
Mailing Address		
City/State/Zip		
Home Phone Number		
Birthdate		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnicity	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White/Caucasian
Is the child a U.S. Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please call 434-832-7622 for more information	
Parent/Guardian Name		
Parent's E-Mail Address		
Allergies/Disabilities		
Current School		
School District	Last Grade Completed:	
Adult T-Shirt Size	<input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large <input type="checkbox"/> 2X <input type="checkbox"/> 3X	
Are you applying for a scholarship to attend camp?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unsure (please submit scholarship application with registration form)	
List the camp(s) you are planning to attend:		
Are other family members planning to attend camp?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unsure	
Please note: Each student will need to complete a separate registration form.		

To register by mail: Please sign and return registration form, assumption of risk form, photography/video release form along with payment of check or money made payable to CVCC to: **CVCC, Workforce Solutions, Attn. Debra Short, 3506 Wards Road, Lynchburg Virginia 24502.**

To register in person or by phone: Visit our main office at **5108 Merritt Hall on the CVCC Main Campus located at 3506 Wards Road** during normal business hours or call **Debra Short at 434-832-7622.**

Payment due at time of registration.



ASSUMPTION OF THE RISK FORM

(Form to be completed and submitted with registration form and payment)

I _____ (the "Student") agree that as a participant in the 2015 Summer Career Academies at Central Virginia Community College (the "College") scheduled for _____ 2015 to _____ 2015, I am responsible for my own behavior and well-being. I accept this condition of participation, and I acknowledge that I have been informed of the general nature of the risks involved in this activity.

I hereby grant to CVCC, and to the press and media, the right to photograph, videotape, or otherwise digitally collect my likeness, voice and sounds (as "Works") during my participation in the Summer Career Academies. I further acknowledge that these cooperating entities have the right to use or sublicense these Works in all forms and for all purposes, including without limitation, advertising and other promotions for the College and the Summer Career Academies. It is a CVCC policy not to print a minor's name with his/her picture without specific permission from his/her parent or guardian.

I understand that in the event of accident or injury, personal judgment may be required by College personnel regarding what actions should be taken on my behalf. Nevertheless, I acknowledge that the College personnel may not legally owe me a duty to take any action on my behalf. I also understand that it is my responsibility to secure personal health insurance in advance, if desired, and to take into account my personal health and physical condition.

I further agree to abide by any and all specific requests by the College for my safety or the safety of others, as well as any and all of the College's rules and policies applicable to all activities related to this program. I understand that the College reserves the right to exclude my participation in this program if my participation or behavior is deemed detrimental to the safety or welfare of others.

In consideration of being permitted to participate in this program, and because I have agreed to assume the risks involved, I hereby agree that I am responsible for any resulting personal injury, damage to or loss of my property which may occur as a result of my participation or arising out of my participation in this program, unless any such personal injury, damage to or loss of my property is directly due to the negligence of the College. I understand that this Assumption of the Risk form will remain in effect during any of my subsequent visits and program-related activities, unless a specific revocation of this document is filed in writing with the program coordinator, at which time my visits to or participation in the program will cease.

My child/ward is under 18 years of age and I (the "Parent/Guardian") am hereby providing permission for him/her to participate in this program, and I agree to be responsible for his/her behavior and safety during this event.

Parent/Guardian's Name (please print)

Parent/Guardian's Signature

Date

Video/Photography Model Release Form

Model (Student) Name: _____

Mailing Address: _____

City, State, Zip: _____

Telephone Number: _____

Location: Central Virginia Community College Main Campus and Satellite Camp Locations for the Summer Career Academies Program

***Name of CVCC Project Coordinator:** Lauren Calloway_____

I hereby consent that all imagery taken of me for Central Virginia Community College and the Central Virginia Community College Foundation may be used by both entities for the purpose of illustration, presentation, advertising or publication in any manner. This includes but not limited to radio, newspaper, television, billboard, ads, brochures, video, and the college website.

Signature of Model (student)

Date

Signature of Guardian (if model under 18)

Date

Signature of CVCC Project Coordinator

Date

*Project Coordinator is the name of the individual in charge of putting the project together