Registration for Junior Archaeologist Camp

Note: Registration forms may be turned in no later than Wednesday, July 5, 2017.

Complete the four sections below. A parent/guardian signature is required. Submit forms and payment to the Museum of the Coastal Bend (corner of Red River and Ben Jordan streets) or mail to: Museum of the Coastal Bend, 2200 East Red River Street, Victoria, TX 77901.

Withdrawal must be completed at least two business days before the course begins. No refunds are issued after the course begins. If special accommodations are needed, please call (361) 582 2559 at least one week prior to the beginning of the course.

To attend the archaeological dig on Friday, July 21, an additional form must be signed. Please visit the museum to fill out this form.

| Child's Last Name | First | | MI | Gender: male fem |
|--|--|--|--|--|
| Mailing Address | Cit | у | State _ | ZIP |
| Child's Date of Birth | Junior or Cadet | Grade in fall | | |
| Parent Name(s) | | Emergency Cont | act: (if different | from Parent) |
| Parent Phone Number(s) | | Name | | |
| Home | | Phone | | |
| Work | <u> </u> | | | |
| Cell | | | | |
| My child, ward, or person for whom I am the leg Archaeologist" day camp program (the "Program I agree that I or another parent or guardian will I understand that the Student may be temporarily including, but not limited to: • Disruptive, harassing, or reckless beha • Possession of illegal drugs, alcohol, fire • Defacing, disfiguring, damaging, or des | n"). In consideration for the Stude be available at all times by teleph y or permanently suspended from vior; earms or weapons on College pro stroying public or private propert | ent's participation in the one while the Student is a the Program if the Student perty; y on College property; | Program, I agre | e as follows: the Program. I |
| The threat or commission of physical value Theft or attempted theft; or Failure to comply with the directions of lagree that I, or another parent or guardian, will scheduled camp beginning and end times. I agree the Student arrives more than 10 minutes prior to up the Student within 10 minutes of the schedule | of College officials acting in the pe I be responsible for transporting to be that I, or another parent or gua to the scheduled camp beginning | rformance of their dutie the Student to and from rdian, will accompany th | the assigned lo | emain with the Studer |
| CONSENT AND RELEASE On behalf of the Student, myself, my heirs, execuand I release, hold harmless and forever dischargliability and claims, for damages, expenses, perseparticipation in the Program, including, but not I released. I understand that the College does not expenses incurred related to participation in the consent to any first aid care that the College pro | ge Victoria College (the "College" onal injury or death, which may a limited to liability and claims arisi provide any hospitalization or me Program, and I am solely respon |) and its officers, agents rise in the future, relate ng from the negligence o edical insurance to cove sible for the payment of | and employees d to, connected or gross negliger r the Student fo any and all hos | of and from any and a with, or growing out o nce of the parties here r hospital or medical bital and/or medical bi |
| Parent or Guardian's Signature | Parent o | r Guardian's Printed Nar | ne | |
| Student's Printed Name | | | | |
| 3. Photo and/or Video Authori I, permission to use my child's photo, video, or like | | give the Museum of the purposes. | e Coastal Bend a | nd Victoria College |
| Parent or Guardian's Signature | | | | Date |

The Museum of the Coastal Bend and Victoria College do not discriminate on the basis of race, color, religion, national origin, gender, pregnancy, age, disability, genetic information, marital status, amnesty, veteran's status or limited English proficiency. It is our policy to comply, fully, with the nondiscrimination provision of all state and federal rules and regulations.