

Registration for Home School Classes

*Please check each of the classes you will be registering for. Each class is \$10 per child (\$8 for museum members) Registration and payment deadline is the Saturday before each class. Parents/guardians are free. No drop offs. *A registration form must be completed for each child enrolled**

- The Human Body (Wednesday, June 12th 1pm-3pm)
- Toys and Games (Wednesday, August 21st 1pm-3pm)
- Prehistoric Mammals (Wednesday, October 9th 1pm-3pm)
- Wonderful Weather (Wednesday, December 4th 1pm-3pm)

Child's Name: _____ Child's Age: _____

Current Grade Level: _____

Name of Guardian: _____

Telephone Number: _____ Email Address: _____

Address: _____

2. Consent & Release Form

PARTICIPATION AGREEMENT

My child, ward, or person for whom I am the legal guardian (the "Student") seeks participation in the Museum of the Coastal Bend's home school class(s) (the "Program"). In consideration for the Student's participation in the Program, I agree as follows:

I agree that I or another parent or guardian will be available at all times by telephone while the Student is participating in the Program. I understand that the Student may be temporarily or permanently suspended from the Program if the Student engages in improper conduct, including, but not limited to:

- Disruptive, harassing, or reckless behavior;
- Possession of illegal drugs, alcohol, firearms or weapons on College property;
- Defacing, disfiguring, damaging, or destroying public or private property on College property;
- The threat or commission of physical violence against any person present on College property;

- Theft or attempted theft; or
- Failure to comply with the directions of College officials acting in the performance of their duties.

I agree that I, or another parent or guardian, will be responsible for transporting the Student to and from the assigned location according to the scheduled camp beginning and end times. I agree that I, or another parent or guardian, will accompany the Student and remain with the Student during the Program.

CONSENT AND RELEASE

On behalf of the Student, myself, my heirs, executors, administrators and assigns, I hereby consent to the Student’s participation in the Program and I release, hold harmless and forever discharge Victoria College (the “College”) and its officers, agents and employees, of and from any and all liability and claims, for damages, expenses, personal injury or death, which may arise in the future, related to, connected with, or growing out of participation in the Program, including, but not limited to liability and claims arising from the negligence or gross negligence of the parties hereby released. I understand that the College does not provide any hospitalization or medical insurance to cover the Student for hospital or medical expenses incurred related to participation in the Program, and I am solely responsible for the payment of any and all hospital and/or medical bills. I consent to any first aid care that the College provides for the Student, but I understand that the College is not obligated to provide any such care.

Parent or Guardian’s Signature _____ Parent or Guardian’s Printed Name _____

Student’s Printed Name _____

Date _____

3. Photo and/or Video Authorization

I, _____, DO / DO NOT hereby give the Museum of the Coastal Bend and Victoria College permission to use my child’s photo, video, or likeness for publicity and advertising purposes.

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.