

# Registration for Beginner Scientist 2020

**Note: Registration and payment must be received by 4pm on Tuesday, May 26<sup>th</sup> for the first session and Tuesday, July 24<sup>th</sup> for the second session.**

Complete the three 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.

## 1. Registration Form Please print. All information is required.

Child's Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Gender: male female  
Child's Date of Birth \_\_\_\_\_ Child's Age 5 6 7 8 Grade in fall \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Parent Name(s) \_\_\_\_\_  
Parent Email \_\_\_\_\_ Emergency Contact: (if different from Parent)  
Parent Phone Number(s) \_\_\_\_\_ Name \_\_\_\_\_  
Home \_\_\_\_\_ Phone \_\_\_\_\_  
Work \_\_\_\_\_  
Cell \_\_\_\_\_

## 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 "History Explorers" day camp program (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 if the Student arrives more than 10 minutes prior to the scheduled camp beginning time. I also agree that I, or another parent or guardian, will pick up the Student within 10 minutes of the scheduled camp ending time.

### 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.*