**SOUTH PLAINS COLLEGE**

**EXPLORE THE ARTS CAMP REGISTRATION**

**RELEASE, & HOLD HARMLESS STATEMENT**

**JULY 22-25, 2019**

**9am – 12 pm**

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student’s Level of Experience:**

Beginner Intermediate Advanced

**Please check the appropriate session:**

Ages 5-6 Ages 7-8 Ages 9-11

**\*If registering a student age 12-17, please select the camp classes your student wises to attend:**

**1st Rotation 2nd Rotation 3rd Rotation**

**Group Guitar Voice Composition**

**Dance Acting Live Sound**

**Photography Film/Video Editing Drawing/Sculpting**

**Camp Registration Fee: $80.00**

**Payment received: Y / N Payment method: Cash Check #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Refund Policy:**

**Full refunds will be made if cancellations are received by Friday, July 19th, any cancellations made after July 19th will have to be approved by Camp Director.**

**Parent / Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Registration and Payment can be mailed to:**

**SOUTH PLAINS COLLEGE**

**1401 SOUTH COLLEGE AVENUE, BOX 6**

**LEVELLAND, TEXAS 79336**

**(More information is required on back of form)**

**SOUTH PLAINS COLLEGE**

**CAMP RELEASE AND HOLD HARMLESS STATEMENTS FOR MINORS**

**This form must be filled out and signed by parent or guardian prior to camp start.**

CHILD’S NAME BIRTHDATE

In consideration of my child or ward’s participation in the South Plains College programs, I, do hereby, for my child or ward and myself, my heirs, executors, administrators and assigns, release, hold harmless and forever discharge the South Plains College District of and from any 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 said programs, including, but not limited to liability and claims arising from the negligence of the parties herby released. I understand that the College District does not provide any hospitalization or medical insurance to cover my child or ward from hospital or medical expenses incurred related to participation in the program and that I am solely responsible for the payment of any and all hospital and/or medical bills including ambulance services.

***Parent Guardian Information:***

MOTHER’S NAME HOME PHONE

ADDRESS CELL PHONE

FATHER’S NAME HOME PHONE

ADDRESS CELL PHONE

***In Case of Emergency, Contact:***

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_RELATIONSHIP

HOME # WORK # CELL #

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_RELATIONSHIP

HOME # WORK # CELL #

PARENT/GUARDIAN SIGNATURE DATE

TALENT AGREEMENT

I willingly authorize the use of the voice and/or image of that of my child or ward to be recorded with digital photography or on film, video, or audio tape for legitimate advertising, marketing, and public relations purposes only by South Plains College. I, or my child or ward, shall receive no compensation for participation in these activities. I hereby release South Plains College and its employees or agents from all liability whatsoever which may or might result from my child or ward’s participation in these activities. Having noted the terms so stated, I, being of legal age and acting as legal guardian, do hereby agree to allow South Plains College to use, publish, or copyright these audio and visual recordings, in which my child or ward participated in perpetuity.

CHILD’S NAME (PRINT)

PARENT/GUARDIAN SIGNATURE DATE

**Students with disabilities, including but not limited to physical, psychiatric, or learning disabilities, who wish to request reasonable accommodations should notify the Disability Services Office at least 10 business days prior to camp. In accordance with federal law, a student requesting accommodations must provide acceptable documentation of his/her disability to the Disability Services Office. For more information, contact Linda Young at 806-716-2577.**