

Cabrillo Extension
Kid's Summer Program 2009

Registration Waiver and Emergency Contact Information

(for students under the age of 16)

Parental Consent

I give my consent for _____ to participate in the 2009 Cabrillo Extension summer classes and release Cabrillo College, its instructors, assistants, and staff from liability arising from participation in said programs or classes. I also grant permission for use of any photos taken during Summer Academy activities. I understand the college does not provide health and medical insurance for the participants, and release Cabrillo College from any medical liability incurred as a result of participation in the program. I hereby authorize the staff of Cabrillo Extension, Cabrillo College, and/or Community Education to act for me according to their best judgment in any emergency requiring attention and hereby waive and release Cabrillo College, its instructors, assistants and staff from any and all liability for injuries or illness incurred while at Cabrillo Summer Academy. I have no knowledge of physical impairment that would be affected by the above student's participation in the program.

Signature

Date

Printed Name: _____

Emergency Contact Information

Emergency
contact person's name: _____

Day phone
number: _____

(Please specify: home, work, or cell)

Please mail or fax this form to the Cabrillo Extension Office before your child's class begins.

Cabrillo Extension
6500 Soquel Drive
Aptos, CA 95003

FAX: (831) 477-5239