



Continuing Education Discovery College Registration Form

Select a Campus: LSC-CyFair LSC-Montgomery LSC-North Harris LSC-Tomball LSC-University Park LSC-Creekside Center

Legal Name of Child _____ (Last) _____ (First) _____ (Middle Initial) Lone Star College Camper ID _____

Preferred name: _____ Male Female Birth Date (mm/dd/yyyy): _____ Age: _____ Grade This Coming Fall _____
(Verification may be requested)

Address: _____ City: _____ State: _____ Zip _____

County: _____ Has the Child Attended Discovery College Previously? _____

Primary Contact: _____ Primary Phone: _____ Secondary Phone: _____

Relationship to Child: _____ Email: _____

Emergency Contact: _____ Emergency Contact Phone: _____ Alternate Phone: _____

Medication / Allergy / Medical History is listed on Participant Release and Indemnification Agreement.

Session Selection

Class No.	Camp	Start Date (mm/dd)	Time of Day	Fee
			<input type="checkbox"/> AM <input type="checkbox"/> PM	
			<input type="checkbox"/> AM <input type="checkbox"/> PM	
			<input type="checkbox"/> AM <input type="checkbox"/> PM	
			<input type="checkbox"/> AM <input type="checkbox"/> PM	
			<input type="checkbox"/> AM <input type="checkbox"/> PM	
			<input type="checkbox"/> AM <input type="checkbox"/> PM	
			<input type="checkbox"/> AM <input type="checkbox"/> PM	
			<input type="checkbox"/> AM <input type="checkbox"/> PM	
			<input type="checkbox"/> AM <input type="checkbox"/> PM	
			<input type="checkbox"/> AM <input type="checkbox"/> PM	

TOTAL

Refund Policy: A 100% refund is provided if an "add/drop" form is completed and submitted to the registration office the Thursday before the start date.
No refund is provided after the course begins.

Please provide completed registration form and indemnification agreement to your local Lone Star College campus. Registration forms and payment **should not** be faxed or mailed to any Lone Star College campus.

Parent / Primary Contact
Signature: _____ Date: _____

Print Name: _____

*Lone Star College does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities.
For more information see <http://lonestar.edu/legal-notices.htm>.*

**Make Checks Payable to Lone Star College.
PLEASE PUT EACH CHILD'S NAME ON THE CHECK**

OFFICIAL USE ONLY:
Initials: _____ Date: _____ Amount: _____
Telecheck Code: _____ Check #: _____

Charge My: AMEX Discover MasterCard Visa

Name on Card: _____
Card No: _____ Exp. Date (mm/yy): _____ CID: _____
Billing Address: _____

12.19.16.01

**DISCOVERY COLLEGE PROGRAM
PARTICIPANT RELEASE AND
INDEMNIFICATION AGREEMENT**



PARTICIPANT: (Name and Address)

COLLEGE
Lone Star College

College or Dept. _____

DESCRIPTION OF PROGRAM: Discovery College ("Program") is for children ages 6-17. This release and indemnification is for children participating in the Program.

LOCATION: _____

DATE(s): _____

I, _____, am the parent or legal guardian of the above named minor Participant. I am eighteen (18) years of age or older. I acknowledge that the nature of the Program may expose Participant to hazards or risks that may result in Participant's illness, personal injury, or death, and I understand and appreciate the nature of such hazards and risks. I represent that Participant is physically able, with or without accommodation, to participate in the above-referenced Program, and is able to use the equipment and/or supplies associated with the Program.

In consideration of Participant's participation in the Program, on behalf of Participant, Participant's family, heirs, and personal representative(s), I hereby accept all risk to Participant's health and of Participant's injury or death that may result from such participation. I hereby release the above named College, its governing board, officers, employees, and representatives (collectively the "Releasees") from any and all liability to Participant, Participant's personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to Participant's property and for any and all illness or injury to Participant's person, including Participant's death, that may result from or occur during Participant's participation in the Program, whether caused by negligence of the College, or otherwise. I further agree to indemnify and hold harmless the College and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from Participant's negligent or intentional act or omission while participating in the described Program.

It is my express intent that this Release and hold harmless Agreement shall be deemed as a "Release, Waiver, Discharge and Covenant" not to sue College.

Further, I understand that the Program takes place on a college campus. While Participants will be supervised at all times during the Program and efforts are made to secure the environment for Participants, I am aware that Participants might inadvertently view mature content during the Program. Specifically, I understand that the College has open access to the Internet and that Participants might use the Internet during the Program. College cannot be held responsible for the nature or content of information accessed or transmitted.

By initialing here, I specifically authorize for Participant to walk or bike to and from Program. I understand the risks associated with this activity. LSCS does not recommend that Participants walk/bike. Once I authorize this activity, Participant will be released at the pickup line and will be unsupervised from that point forward, and Participant will be treated as a walker/biker each day. Further, Participant will need to leave campus at the end of the class. For example, Participants may not be in the library or commons unsupervised waiting to be picked up.
_____ (initials)

By initialing here, I specifically authorize that Participant is of driving age and may drive himself/herself home from Program. Once I authorize this activity, Participant will be released at the pickup line and will be

unsupervised from that point forward. Such Participants will be responsible for obtaining a parking pass prior to parking in the lots. _____(initials)

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR PARTICIPANT'S INJURY OR DEATH OR DAMAGE TO PARTICIPANT'S PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE PROGRAM AND IT OBLIGATES PARTICIPANT TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY PARTICIPANT'S NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

I understand and agree that College does not have medical personnel available at the location of the Program. I understand and agree that College is granted permission to authorize emergency medical treatment, if necessary, and that such action by College shall be subject to the terms of this Agreement. I understand and agree that College assumes no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment. Should Participant require emergency medical treatment as a result of accident or illness arising during the Program, I consent to such treatment and I agree to be financially responsible for any medical bills incurred as a result of emergency medical treatment. In the event of an emergency, I am providing the following information.

Emergency Contact Name(s): _____

Emergency Number(s): _____

Physician's Name and Phone Number: _____

Medical Insurance Name or Group: _____

Current medications, allergies, or significant medical history we should be aware of: _____

I further agree that this Release shall be construed in accordance with the laws of the State of Texas. If any term or provision of this Release shall be held illegal, unenforceable, or in conflict with any law governing this Release the validity of the remaining portions shall not be affected thereby. I have also read and understand the Parent Handbook.

I authorize the College to use or show any photos or videos of the Program which include Participant or Participant's likeness.

I hereby certify that I am the parent or legal guardian of Participant and I have read and understand the above statements and agree to the terms and stipulations.

Signature of Parent/Guardian

Signature of Witness

Date Signed

Date Signed

Only the following persons are authorized to pick up Participant. Participants will be provided a pickup authorization card (placard) which must be displayed on the driver's windshield. **Parents and/or guardians must also be listed.** If your child will be walking or biking, please initial the appropriate statement above.

Driver Name Driver's License #, Exp. Date Phone Number

Driver Name Driver's License #, Exp. Date Phone Number

Driver Name Driver's License #, Exp. Date Phone Number



PARENT/GUARDIAN INFORMATION

CLASS CANCELLATION

- A 100% refund is provided if a “Drop/Add” form is completed and submitted to the Continuing Education office by the Thursday before the class begins.
- Lone Star College (LSC) reserves the right to cancel a class up until the business day before class.

DISCIPLINE

- A basic standard of good behavior is required.
- Children and parents/guardians must abide by federal, state, and local laws, as well as applicable sections of the Lone Star College System (LSCS) Policy Manual <http://www.lonestar.edu/policy.htm>.
- Cell phones must be turned off during class times.
- Students will be removed from class for disruptive behavior. No refund will be given. **We have a zero tolerance for threats of physical violence, harassment, or abuse of any kind. Students will be immediately removed and not permitted to return for the summer. No refund will be given.**
- For safety reasons, sandals, flip-flops, open-toed or wheelie shoes are not permitted.

DISPENSING MEDICINE

- Discovery College staff cannot dispense medicines of any kind.
- If a child needs medicine during the day, a parent and/or guardian will need to administer it.
- Children are not allowed to carry medicine with them to class(es) unless specific prior approval is granted. This would also include protective sunscreen lotion and nonprescription medicines, such as Advil.

DROP OFF AND PICK UP LOCATION:

- Discovery College drop-off and pick-up will be designated by appropriate signage; the staff will be wearing Discovery College staff shirts.
- Under no circumstances will your child be released to a person whose name and driver’s license number are not listed on your child’s Participation Release and Indemnification Agreement. In case of an emergency, please contact the Discovery College or the Continuing Education office at your campus to locate the Discovery College staff.
- Please do not drop your child off if you do not see a Discovery College staff member outside.
- Children will be escorted and supervised from the drop off and pick up locations only by Discovery College staff.
- Placard (flyer with your child’s name) must be displayed in front right windshield. Carpoolers should include additional names.

PARENT/GUARDIAN INFORMATION

- Parents do not need to get out of their vehicles unless they are running late.
- Please use extreme caution and drive slowly.
- Staff will greet students between 7:30 and 8:10 AM (depending on campus schedule) for the morning classes and 12:40 PM for the afternoon classes.
- In the event of severe weather, you will need to park and come inside to pick up your child.
- Participants must be picked up after classes by 12:30 PM for the morning classes and 5:00 PM for the afternoon classes.
- Lone Star College campuses are closed on Fridays during the summer. Office hours (summer only) are 8:00 a.m. – 6:00 p.m., Monday-Thursday.

EMERGENCY PROCEDURES

- Emergency evacuation plans are provided to all Discovery College instructors and aides.
- In case of fire, the building is equipped with fire alarms and sprinkler systems.
- In case of severe weather, teachers will move students to the designated safety locations in the building.
- In the unlikely event that an emergency occurs on campus, parents will be notified and there will be postings on social media, the Lone Star College website, and television. Lone Star College will not issue a refund, nor are there any make-up days.
- Discovery College personnel will stay with your child at all times including any emergency situations.

INCLEMENT WEATHER

- In the unlikely event that the campus is closed due to inclement weather, parents will be called to pick up their children. We will make every effort to conduct the camp, however, student, faculty and staff safety is very important to us.
- Lone Star College will not issue a refund due to inclement weather, nor are there any make-up days.

REFUND POLICY

- A 100% refund is provided if a “Drop/Add” Form is completed and submitted to the Continuing Education office by Thursday of the week before the class begins. Otherwise, no refund will be given.
- Refunds will not be given if the college is closed for any reason, and there are no make-up days.

SNACKS AND LUNCH

- Morning and afternoon sessions will have a break for a snack/lunch.
- Please send a snack in a bag marked with your child’s name. Food items are not provided by Lone Star College. If your child will be participating in outside activities, he/she should take a water bottle.
- Suggestions for snack time items are granola bars, cereal, popcorn, raisins, etc. Sweets, candy, and messy foods should be avoided.
- Parents are asked to refrain from sending peanut--based snacks, in consideration of children with severe allergies.