

Co-Lin Simpson County Center
COLLEGE FOR KIDS CAMP (C4K) REGISTRATION FORM
June 12 - 15, 2023
8:30 A.M. – 11:30 A.M.

Child's Name: _____ Age: _____

T-Shirt Size (Circle): YS YM YLG ADULT SMALL ADULT MED ADULT LG

Address: _____

Parent(s) Name: _____

Please provide two phone numbers where you can be reached during the day:

Email Address: _____

SUMMER CAMP WAIVER / PLEASE READ AND SIGN

In case of an emergency, I grant Copiah Lincoln Community College permission on our family's behalf to seek medical assistance, if necessary, for my child. **The undersigned releases the college from any liability.**

Insurance Company: _____ Policy #: _____

Parent or Guardian Signature: _____ Date: _____

In case of emergency, please indicate an additional contact person we may call if we are unable to reach you.

Name: _____ Phone: _____

Relationship to the child: _____

Please indicate any allergies we should be aware of: _____

PHOTOGRAPHY RELEASE FORM / PLEASE READ AND SIGN

I certify that I am the parent or legal guardian of (printed name) _____, a minor child, and give permission for the above-named child to be photographed (by Copiah-Lincoln Community College and/or local media) during any and all College For Kids programs. I understand the photographs may be used for news stories, publicity and promotion and that no compensation will be made to the child or me.

Name (sign): _____ Name (print): _____

Date: _____

PLEASE MAKE PAYMENTS TO: CO-LIN, ATTN: PAM KEITH, 151 CO-LIN DRIVE, MENDENHALL, MS 39114

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