NWACC Corporate Learning LEGO® Robotics Camp Registration

NWACC Corporate Learning
One College Drive
Bentonville, AR 72712
Phone: 479-936-5175

Student Information:

Student ID No._____ **(assigned by NWACC)**

_____ _____ _____
Last Name First Name Middle Name (if any)

_____
Home Address

_____ _____ _____
City State Zip

_____ _____
Student Home Phone Parent Work Phone

_____ _____
Child Date of Birth (REQUIRED) **PARENT E-mail address (REQUIRED)**

Has child previously attended NWACC? ☐ Yes ☐ No Gender: ☐ Male ☐ Female
Any food allergies: _____

Primary Parent/Guardian Contact Information:

_____ _____ _____
Name Relationship to child Day time phone number in case of emergency

Secondary Parent/Guardian Contact Information:

_____ _____ _____
Name Relationship to child Day time phone number in case of emergency

List persons who can either pick up and/or assume responsibility for your child in the event of an emergency if parents/guardian cannot be reached:

_____ _____
Name Day time phone number in case of emergency

_____ _____
Name Day time phone number in case of emergency

T-Shirt Size: YS YM YL AS AM AL AXL
(Circle one)

Please Enroll Me In:

Course Number	Course Name	Start Date	Day(s)	Time	Cost
3048	**LEGO® Robotics Camp**	**6/17/13**	**M/T/W/R**	**8am – 4:30pm**	**$160.00**

Total Tuition **$160.00**

HOW WILL PAYMENT BE MADE:

Checks are made payable to NorthWest Arkansas Community College.

Credit Card/Debit Card: ☐ **Check:** ☐ **Cash:** ☐

Registration completed/checked by:

_____
(NWACC Employee)
Date _____

Office Use Only:
Contract _____Company Name _____
Registrar _____ Date _____
Cashier_____ Date_____
Inv. Date_____ Inv. # _____

LEGO® ROBOTICS CAMP 2013
LIABILITY WAIVER

I consent to my child's enrollment in NorthWest Arkansas Community College Corporate Learning's Robotics Camp taking place June 17-20, 2013.

I understand that photographs of my child may be taken during participation in program activities and consent to their use in future NorthWest Arkansas Community College ("NWACC") publications and/or on the NWACC website for marketing purposes.

I understand that inappropriate behavior or discipline problems on the part of my child will result in dismissal from this program without a refund.

I understand that participation in camp activities is completely voluntary. Furthermore, I understand that my child will be participating in hands-on and experiential learning activities that may involve inherent risks of injury. I voluntarily agree to expressly assume all such risks which may result from the activity or are in any way related to my child's participation in the activity.

I understand that Ozark Regional Transit will provide transportation on June 19, 2013 to the U of A Robotics Lab and local manufacturing plants. NWACC staff will have a detailed agenda of each location, our estimated time of arrival, and our estimated time of departure. I hereby give my permission for Ozark Regional Transit and NWACC to transport my child on ORT buses, using licensed drivers.

In consideration of the right to participate in the activity, I hereby consent to release from any future liability or negligence NWACC and its trustees, employees, faculty, staff, agents, instructors and all individuals assisting with the activity for injury, personal property damage, or death caused by or resulting from my child's participation or in any way connected with my child's participation in the activity, whether such injury, personal property damage, or death was allegedly caused by NWACC, its representatives, another participant, or any other person or cause. This agreement will apply for each and every day my child engages in the activity during the NWACC Summer Youth Program.

I further agree to defend and indemnify NWACC for loss or damage, including any that result from claims or lawsuits for personal injury, death, or personal property damage, relating to the activity or use of NWACC facilities or equipment.

I understand that in accordance with Title IX, Education Amendments of 1972, I will notify NWACC administration of any sexual harassment or discrimination occurring during the course of the program.

I represent that my child is in satisfactory condition and health to be able to participate in this camp. I authorize any person connected with the activity or NWACC to administer first aid to my child as they deem necessary. I authorize medical and surgical care and transportation to a medical facility or hospital for treatment necessary for my child's well-being, at my expense.

This agreement is governed by the laws of the State of Arkansas, and exclusive jurisdiction shall be in the circuit court of Benton County, Arkansas or in the United States District Court, Fayetteville, Arkansas division. If any part of the agreement is determined to be unenforceable, all other parts shall be given full force and effect. The undersigned parent or guardian acknowledges that she/he is signing this agreement on behalf of a minor and that the minor shall be bound by the terms of the agreement. This agreement shall be binding on the participant's assignees, subrogors, heirs, next of kin, executors and personal representatives.

I HAVE READ AND UNDERSTOOD THIS RELEASE OF LIABILITY AGREEMENT. I VOLUNTARILY AGREE TO ITS TERMS.

Parent/Guardian Signature_____Date_____

Printed Name_____Student Name_____