

# Cape Cod Community College – Summer of Science Program

## REGISTRATION APPLICATION

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### Instructions:

Complete **ALL** Registration Application Pages (1 – 6). Please make checks payable to:  
**Cape Cod Community College. Mail to:** The Center for Corporate and Professional Education  
Cape Cod Community College, Hyannis Center, 540 Main Street Hyannis, MA 02601

### Registration - Please check the appropriate box

- Program 1 – Construction Exploration    Fee: \$299    July 22 – 25, 2019 (entering grades, 7, 8 & 9)
- Program 2 – Front End App Design    Fee: \$299    July 29 – August 1, 2019 (entering grades 7, 8)
- Program 3 – Maker Movement    Fee: \$299    August 5 – 8, 2019 (entering grades 6, 7 & 8)

**\*Note: The only program available for students entering grade 9 is Construction Exploration**

### General Information:

_____ Parent's/Guardian's Name	_____ Date of Birth
_____ Home Address	_____ Gender
_____ City, State, Zip Code	_____ School name
_____ Home Phone                  Work Phone	_____ School Address
_____ Email	_____ City, State, Zip Code

### Emergency Contact Information:

_____ Primary Emergency Contact	_____ Secondary Emergency Contact
_____ Relationship	_____ Relationship
_____ Home Phone                  Work Phone	_____ Home Phone                  Work Phone
_____ Home Address	_____ Home Address
_____ City, State, Zip Code	_____ City, State, Zip Code

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Read each section carefully. Please review, sign, and date each section.

**Section 1 – Registration Fee & Refund Policy**

I understand that this application must be returned to Cape Cod Community College to register my child for the Cape Cod Community College – Summer of Science program. I understand that the registration fee for a full day weeklong program must be **paid prior to the start of the program**. I also grant permissions for my son/daughter to be videotaped or photographed for evaluation purposes. I understand that program operation is contingent upon sufficient enrollment. I also understand that to qualify for a refund, I must withdraw my child at least two weeks prior to program start date.

\_\_\_\_\_  
**Name (printed)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Section 2 – Lunch Policy**

I understand that I need to provide my child with lunch daily. Snacks will be provided by Cape Cod Community College.

\_\_\_\_\_  
**Name (printed)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Section 3 – Pick Up Policy**

I understand **my child must be picked up no later than 4:00pm** during each day of the program. I also understand that a late pick-up will result in an additional fee of \$25 for each day my child is not picked up by 4:00pm.

\_\_\_\_\_  
**Name (printed)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Section 4– Absences**

Due to the short duration of the program, I understand that if my child is absent for more than one day, he/she will be dropped from the program. I understand that students dropped from the program due to excessive absences are not entitled to a registration fee refund.

\_\_\_\_\_  
**Name (printed)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

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**REGISTRATION APPLICATION (continued)**

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**RELEASE AND WAIVER OF LIABILITY AND ASSUMPTION OF RISK**

I \_\_\_\_\_, the parent and/or legal guardian of minor child \_\_\_\_\_ authorize my minor child's participation in the Summer of Science program operated by Cape Cod Community College. I understand the activities associated with this program are not without some inherent risk of injury including, but not limited to, broken bones, cuts, head injuries, and/or eye injuries. On behalf of myself, my minor child, and on behalf of either or both our heirs, assigns, executors and administrators, I hereby release, discharge, covenant not to sue, and waive and forever release and discharge the Commonwealth of Massachusetts, Cape Cod Community College and their officers, trustees, employees, agents, successors, students, and assigns of and from any and all claims, suits or rights for damages for personal property damage of physical injury which may be sustained or which occurs during participation in the Summer of Science programming operated by the College or that may occur to or from said participation, whether or not such injuries or property damage or loss is caused by, is connected to or arises out of any acts or omissions of the negligence of Cape Cod Community College, its officers, trustees, employees, agents, successors, students and assigns. I further agree to indemnify and hold harmless Cape Cod Community College from any and all claims which are brought by or on behalf of Minor and which are in any way connected with such use of participation by minor in the Summer of Science program. I also understand Cape Cod Community College retains the right to use, for publicity and advertising purposes, photographs of students participating in the Summer of Science program.

I acknowledge that I have read and understand this release and waiver liability and assumption of risk.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**No child will be dismissed to anyone other than their parent or legal guardian unless approved in writing in advance by the parent or guardian.**

**Parent/Guardian for:**

\_\_\_\_\_  
Student's Name (print)

\_\_\_\_\_  
Email

\_\_\_\_\_  
Home Phone                      Work Phone

\_\_\_\_\_  
Cell Phone                      Emergency Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Student Age

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Grade Next Fall

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**PHOTOGRAPH AND VIDEO AUTHORIZATION**

I \_\_\_\_\_, the parent and/or legal guardian of minor child \_\_\_\_\_ agree that photographs and/or video recordings in any form or medium of my child taken during his/her participation in the Cape Cod Community College – Summer of Science program may be taken or used by Cape Cod Community College for any reason, including, but not limited to, public relations, advertising, etc. and I agree that such materials shall be the sole and exclusive property of Cape Cod Community College and further agree to give up all rights, title, and interest in such property, and I hereby release and discharge Cape Cod Community College, its officers, trustees, employees, agents, successors and assign from and against all claims, etc. arising out of or in connection with the creation of, title to use and or distribution of such materials by Cape Cod Community College.

\_\_\_\_\_  
Parent/Guardian Name (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**IMPORTANT: Form must be received one week prior to Summer of Science or child will not be allowed to attend.**

**MEDICAL TREATMENT AUTHORIZATION**

I \_\_\_\_\_, the parent and/or legal guardian of minor child \_\_\_\_\_ hereby authorize medical treatment and care for my minor child, that may include routine diagnostic procedures (i.e., physical examination, x-rays, blood and urine tests) and medical treatment as necessary.

I understand that the consent and authorization granted herein are valid only during the time that my child is participating in the Cape Cod Community College – Summer of Science program (if your child has any physical condition or requires any treatment or medication that a clinician should be aware of (i.e., allergies, disabilities, etc.) you must provide written notification to Cape Cod Community College at or before registration.

In the event that an illness or injury requires extensive evaluation, I understand that every reasonable attempt will be made to contact me. However, in the event of an emergency and if I cannot be reached, I give my consent for my child to receive the proper treatment and/or medical services that need to be performed during necessary emergency procedures.

\_\_\_\_\_  
Parent/ Guardian Name (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Parent/Guardian for:**

\_\_\_\_\_  
Student's Name (print)

\_\_\_\_\_  
Email

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Emergency Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Student Age

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Grade Next Fall

\_\_\_\_\_  
Insurance Carrier

\_\_\_\_\_  
Policy #

**Student's Physician Information:**

\_\_\_\_\_  
Physician (print)

\_\_\_\_\_  
Phone (including area code)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Child's Allergies:

\_\_\_\_\_  
Medications:

\_\_\_\_\_  
Chronic Health Conditions

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I hereby give permission to the staff of Cape Cod Community College – Summer of Science program to administer the following medications to my child:

**First Medication**

Name of Medicine

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When to be given

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Prescribing Physician

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Physician's Phone

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**Second Medication**

Name of Medicine

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When to be given

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Prescribing Physician

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Physician's Phone

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**If your child is going to be taking medication during the Summer of Science program, please bring required medication each date. THE MEDICATION MUST BE IN THE ORIGINAL BOTTLE WITH THE CORRECT LABEL.**

**Emergency Contact Information**

Primary Emergency Contact

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Secondary Emergency Contact

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Relationship

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Relationship

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Home Phone

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Work Phone

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Home Phone

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Work Phone

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Address

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Address

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City, State, Zip Code

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City, State, Zip Code

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Insurance Carrier

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Policy #

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Parent/Guardian Signature

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