

Registration Form

Student Name: _____

Address: _____

Phone: _____ DOB: _____ AGE: _____

Parent(s) or Legal Guardian Contact information:

Name:	Name:
Address:	Address:
Home Phone:	Home Phone:
Business Phone:	Business Phone:
Cell Phone:	Cell Phone:
Email:	Email:
Special Instructions for reaching parent/guardian:	

EMERGENCY CONTACT INFORMATION: List at least one person who can assume responsibility for your child if you cannot be reached immediately in an emergency.

Name:	Name:
Relationship to Student:	Relationship to Student:
Address:	Address:
Phone:	Phone:

STUDENT GUIDELINES AND COMMITMENT: The Safe Sitter program seeks to establish a positive, caring environment in which students may strive for success and growth. This requires that each person acknowledge and respect the needs and rights of others in the Safe Sitter community. All students are required to conduct themselves in compliance with these standards and to indicate their commitment by placing their signature below.

1. Students are expected to always behave in a manner that reflects respect and consideration for each other, for the staff, for the program, for the College, its property and personnel, and for themselves.
2. Students are to remain on campus during the program time unless special arrangements are made in advance with the faculty in charge of the Safe Sitter program.
3. Students are expected to maintain a positive attitude about their involvement in the Safe Sitter program and are responsible for sustaining a positive learning environment for themselves and others.
4. White Mountains Community College will not be responsible for lost or stolen items. Please: no electronics, cell phones, iPods, etc.

I, student, _____, understand and agree to the terms and conditions of the student guidelines and commitment governing my participation in the White Mountains Community College’s Safe Sitter program. I, the parent/guardian of the above-named student give my permission for my son/daughter to participate in all activities of the Safe Sitter program. I also understand the terms of the guidelines governing my son/daughter’s participation.

Signed: _____
(Parent/Guardian's Signature)

Date: _____

Known Allergies: _____

RELEASE OF LIABILITY

I fully understand and appreciate the dangers, hazards, and risks inherent in the Activity, in the transportation to and from the Activity which also could include serious or even mortal injuries and property damage. I, _____, knowing the dangers, hazards, and risks of such activities, and in consideration of being permitted to participate in the Activity, on behalf of myself, my family, heirs, and personal representative(s), agree to assume all the risks and responsibilities surrounding my participation in the Activity and the transportation related to the Activity.

I understand that students may leave campus during this Activity and that I may travel in a White Mountains Community College owned or a personal vehicle. I understand that if the White Mountains Community College is not providing a college owned or leased vehicle, and transportation consists of a personal vehicle (of another student, faculty, or staff member) or public transportation, White Mountains Community College and the Community College System of New Hampshire has no liability regarding transportation, and I travel at my own risk.

I hereby release any and all rights for claims and damages I may have on behalf of myself, my family, heirs and personal representative(s) against White Mountains Community College, the Community College System of New Hampshire its trustees, officers, employees and agents, including faculty, staff members and supervisors (“Releasees”), in any manner due to any personal injury or property loss sustained by me as a result of my traveling to and from the field trip destination(s) and/or my participation in the Activity, including any activities I may engage in during my free time while participating on the field trip. I will not hold White Mountains Community College or the Community College System of New Hampshire responsible for liability for injury or damages arising from the result of my participation in this Activity unless it is due to willful or intentional misconduct or negligence on the part of White Mountains Community College and/or the Community College System of New Hampshire.

I understand and agree that the Releasees do not have medical personnel available at the location of the Activity or on the campus. I understand and agree that Releasees are granted permission to authorize emergency medical treatment, if necessary, and that such action by Releasees shall be subject to the terms of this Agreement. I understand and agree that Releasees assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

I am fully qualified to meet the academic and technical requirements necessary to participate in this program. I am at least 18 years old and I enter this agreement voluntarily.

I further understand that any violation of campus rules may result in termination of my attendance in the program and/or judicial charges.

Student Signature _____ Date _____

Cell Phone _____

In case of Emergency, please contact: _____ phone _____

* * * * *

Signature of Parent/Guardian if student is not at least 18 years old:

Signature _____ Date _____

Parent's Name _____

Parent's Telephone Number _____

Parent's Address _____

* * * * *

I _____ have read and understood the student code of conduct and understand that I must comply while participating in this activity.

Student Signature _____ Date _____

NOTE: If you currently have a condition (i.e., medical, disability or other issues) that will require accommodation to participate in this program, please contact the faculty member who is leading the program to in order to ensure that accommodations can be made for you to be able to participate fully. The White Mountains Community College will make every effort to make the Activity fully accessible. However, some elements may be out of the control of Community College and therefore, alternative options must be discussed with the faculty member and prior to participation.

Signed: _____
(Parent/Guardian's Signature)

Date: _____

STUDENT SCHOOL INFORMATION:

Grade as of fall 2022: _____

What do you hope to get out of this program? _____

Why are interested in attending this program? _____

Please identify any special interests you have, as well as any characteristics, which make you unique and how you would benefit from this program?

