

Heritage of the Americas Museum
College for Kids Registration Form
Summer 2009

Please fill out one Registration Form and one Authorization/Waiver Form for each student. Thank you.

Please Print

Section #: _____

Name of Student: _____

School Grade Entering: _____

Name of Parent: _____

Address: _____

Home Phone: _____

Cell or Work Phone: _____

Please make checks payable to: Heritage Museum

Please Note: Parent must sign the Authorization/Waiver Form, the Model Release Form, and the Emergency Release Form before the student may enter the class.

For office use only:

Registration _____ Waiver Form _____ Paid _____ Date _____

Heritage of the Americas Museum
College for Kids, Summer 2009

SUMMER AUTHORIZATION/WAIVER FORM

I, the undersigned parent/guardian of _____,
a minor child, age _____, do hereby authorize Sharp Grossmont Hospital, La Mesa, or my doctor,
_____, phone # _____ as agent(s) for the undersigned to consent to any x-ray,
examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable
by, and is to be given under the general or special supervision of any physician and/or surgeon licensed under
the provisions of the medical staff when such a diagnosis or treatment is given at said hospital. I understand the
above named child is NOT covered by medical/hospital insurance carried by the Grossmont-Cuyamaca
Community College District or the Heritage of the Americas Museum.

I absolve Grossmont-Cuyamaca Community College District and the Heritage of the Americas Museum of any
responsibility in the event the above named child loses any personal property brought onto the college campus
and/or into the Heritage of the Americas Museum during the summer program.

Parent/Guardian Signature _____

Model Release

I authorize that any pictures taken during the summer class session can be used for the college's and/or the
Heritage of the Americas Museum's promotional purposes. No claim of any kind will be made by me. No
representations have been made to me.

Parent/Guardian Signature _____

Emergency Information

Name of Parent _____ Telephone # _____ Cell# _____

Other Emergency Contact _____ Telephone # _____

Are there any medical conditions, e.g. allergies, etc. of which we should be aware?

Is anyone NOT authorized to pick up your child? _____