

Cape Cod Community College – Home Alone Program
REGISTRATION APPLICATION
Page 1 of 5

INSTRUCTIONS

Complete **ALL** Registration Application Pages (1 – 5), 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

☐ Home Alone Program Fee: \$67 July 30, 2016

General Information

Student's Name	Date of Birth	M F Gender
Parent's/Guardian's Name	School Name	
() ()		
Home Phone Work Phone	School Address	
Home Address	City, ST ZIP Code	
City, ST ZIP Code	<i>Note: To be eligible, students must be entering grades 5 - 8</i>	
	5th 6th 7th	
	8th	
Email		

Emergency Contact Information

Primary Emergency Contact	Secondary Emergency Contact
Relationship	Relationship
() ()	() ()
Home Phone Work Phone	Home Phone Work Phone
Address	Address
City, ST ZIP Code	City, ST 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 – Home Alone program. I understand that the registration fee of \$67 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 by July 23, 2016. **Refunds are not available after July 23, 2016.**

Name (printed)

Signature

Date

Section 3 – Pick Up Policy

I understand **my child must be picked up no later than 12:30pm** the 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 12:30pm.

Name (printed)

Signature

Date

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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 Home Alone 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 Home Alone 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 Home Alone program. I also understand Cape Cod Community College retains the right to use, for publicity and advertising purposes, photographs of students participating in the Home Alone program.

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

Signature: _____ Date: _____

Parent/Guardian for:

_____ Student's Name (print)		_____ Email	
_____ () Home Phone	_____ () Work Phone	_____ () Cell Phone	_____ () Emergency Phone
_____ Address		_____ City, ST ZIP Code	
_____ Student Age		_____ Grade next Fall	

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.

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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 – Home Alone 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 Home Alone 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 – Home Alone 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
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Parent/Guardian for:

Student's Name (print)		Email	
()	()	()	()
Home Phone	Work Phone	Cell Phone	Emergency Phone
Address		City, ST ZIP Code	
Student Age		Grade next Fall	
Insurance Carrier		Policy #	

Student's Physician Information:

Physician Name	Phone (including area code)
Address	City, ST ZIP Code

Child's Allergies	
Medications	
Chronic Health Conditions	