Bergen Community College 2014

Fall Kids and Teens Registration Form

Child's First Name: __________________ M.I. ___ Last name: __________________

Address: ________________________________________________________________

City: ___________________________ State: _____ Zip Code: ____________

Telephone: _________________ Cell Phone: _________ Birthdate: __/__/____ Age: __

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Make checks payable to Bergen Community College & mail to BCC College, School of Continuing Education, 400 Paramus Road, Paramus, NJ 07652 – 1595 or fax to 201-447-7861.

Visa/MC/ A.M.EX/Discover # ___________________________ V - Code: ______

Expiration Date: __/__/____ Signature: ___________________________ Date: __/__/____
Medical Information

In case of emergency, please indicate the person to notify.

Name: ____________________________ Relationship ____________________________
Home Phone: ____________________________ Work or Cell Phone: ____________________________

Name: ____________________________ Relationship ____________________________
Home Phone: ____________________________ Work or Cell Phone: ____________________________

Emergency Contact Name: ____________________________ Phone: ____________________________

Doctor: ____________________________ Phone: ____________________________

Does the child have any medical problems that should be known (i.e. recent illness, chronic illness, asthma, allergies...)? Please explain. Is the child taking any medications? Please explain.

My child has been immunized in compliance with New Jersey State law. My child has had a physical examination within the last year and was found to be physically able to attend school.

Parent Signature: ____________________________ Date: __________

Please note if Epi – pen(s) are needed by your child, both parent and physician authorization are required and must be received with this registration form.

Medical Authorization: In case of injury, Bergen Community College does not provide medical or accident coverage. Such coverage is the responsibility of the parents/guardians. I authorize Bergen Community College to administer first aid and/or transport the above registrant to a physician or hospital for necessary treatment. I also authorize the physician or hospital to release my child after treatment to a representative of Bergen Community College. My child’s medical insurance carrier is ____________________________. All information on this form is complete, true and accurate to the best of my knowledge.

Acknowledgement: I understand and acknowledge that despite the most careful planning, review of instructions, and supervision, that serious injuries, property damage or personal economic loss may occur during, or as a result of, my child’s participation in activities. I confirm that my child's physical and emotional condition and the impact of any medications that my child may be taking will not pose a personal risk to my child's participation. I give my consent for my child to be photographed for promotional purposes.

Acceptance of Risk and Release

I agree to assume all risks and responsibilities surrounding my child’s participation in the program/activity except for those events or conditions which are the responsibility of BCC. I will hold BCC harmless from damages, costs, or liabilities caused by my actions, omissions or
negligence. I represent that my consent to the provisions herein is wholly voluntary. I agree that any dispute requiring adjudication in a court of law would be determined by the laws of the State of New Jersey. A parent or legal guardian must read and sign this form.

Children will be released to authorized individuals only. If someone other than a parent is picking up the child, he or she must be noted below. To add a new person, you must provide BCC with a revised signed list 48 hours before pick-up time.

Name: ___________________________  Relationship ___________________________
Home Phone: ______________________  Work or Cell Phone: ______________________

Name: ___________________________  Relationship ___________________________
Home Phone: ______________________  Work or Cell Phone: ______________________

General Conduct:

Please read and discuss with your child the following:

Our staff are trained to use positive techniques to guide behavior. With your full cooperation, we can look forward to an exciting, safe spring or summer experience for your child. Children are expected to respect all campus rules and regulations and to demonstrate appropriate behavior at all times. Appropriate, respectful language, behavior and clothing are expected at all times. Children who do not follow the directions of instructors, disrupt activities or are deemed in any way to create a dangerous situation for themselves or others will be subject to expulsion from the program(s). There will be no exception to this rule. No refunds will be given if a student is expelled. All students are to be dropped off and picked up at designated locations. Children must be picked up immediately after programs are over. There is no supervision past pick-up time. A $50 fee will be automatically charged for any child who is picked up 10 minutes past program(s) ending time.

Read, Understood, and Agreed to:

Signature of Parent/Guardian: ___________________________  Date: ______________
Signature of Child: ___________________________  Date: ______________
Authorization to Administer Epinephrine

This authorization is effective for Summer Session 2013 at Bergen Community College.

To be filled out by Parent/Guardian and submitted with registration form.

Please be advised that Bergen Community College and its employees or agents shall have no liability as a result of any injury arising from the administration of epinephrine via a pre-filled auto-injector mechanism.

I authorize a trained delegate of BCC to administer epinephrine via a pre-filled auto-injector mechanism to my child, ______________________________ for anaphylaxis. I understand and acknowledge that Bergen Community College and its employees and agents shall incur no liability as a result of any injury arising from the administration of epinephrine to my child; and agree to indemnify and hold harmless Bergen Community College and its employees and agents against any claims arising from the administration of epinephrine to my child. My signature indicates consent and agreement with the above statement.

Parent Signature: ______________________________ Date: __________________

To be filled out by the prescribing Doctor

Child’s Name: ______________________________ Date: __________________
Name of Medication: ______________________________
Dosage: ______________________________
Frequency and Directions: ______________________________
Purpose of medication/procedure: ______________________________
I certify that the child named above requires the administration of epinephrine (Epi-pen) for anaphylaxis and that the child/parent/guardian has been instructed and understands the proper method of administration.

Doctor’s Signature: ______________________________ Date: __________________
Doctor’s Telephone Number: ______________________________