

Camp/Workshop Registration Form

PARTICIPANT'S INFORMATION

Name _____

Likes to be called _____ Male/Female _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

DOB _____ Age _____ Grade (Fall 2012) _____

GUARDIAN'S INFORMATION

Name _____

Work Phone _____ Cell Phone _____

Email _____

PAYMENT INFORMATION

Camp 1 _____ Dates _____

Camp 2 _____ Dates _____

Camp 3 _____ Dates _____

Total: \$ _____ Check Enclosed (Payable to Millsaps College) Check # _____

MasterCard Visa Discover American Express

Cardholder's Name _____

Account # _____ Expires _____

Signature _____

REFUND POLICY

Please notify us IMMEDIATELY if your child is unable to attend a camp or workshop. Refunds will be given up to two weeks prior to the start of a program less a \$10 processing fee. No refunds will be given within two weeks of the start of a camp.

FOR INTERNAL USE ONLY	
Receipt # _____	
Release Rec'd _____	

Release Form

Mail to:

Continuing Education/Summer Enrichment
Millsaps College
1701 North State Street, Jackson, MS 39210-0001

Fax to: 601-974-1137

Please complete a separate release for each child you register.

Medical and Liability Releases (Required)

I/we, the parent(s) or legal guardian(s) of _____,
applying as a camper at Millsaps College, do give my/our permission for my child to receive emergency
medical and surgical treatment procedures of any kind and nature, which may be deemed advisable by
any physician who may attend or treat my child at or during all activities.

I/we also release, absolve, and fully forgive and further agree to indemnify and hold harmless Millsaps
College and all persons and entities associated with Millsaps College from any and every claim, demand,
action, or right of action, of whatever kind or nature, either in law or in equity arising from or by reason of
any injury or death to my child or property damage. THIS AGREEMENT IS GIVEN IN CONSIDERATION
FOR MY CHILD BEING ALLOWED TO PARTICIPATE IN MILLSAPS' SUMMER ENRICHMENT.

Parent/Guardian Signature

Date

Publicity Release (Optional)

I/we, the parent(s) or legal guardian(s) of _____,
grant to Millsaps College and its assigns, the irrevocable and unrestricted right to use and publish photo-
graphs and/or videos of my child, or in which my child may be included for editorial, trade advertising and
any other purpose and in any manner of medium and to copyright the same. I hereby release Millsaps
College and its legal representatives and assigns from all claims and liability relating to said photographs
and/or videos.

Parent/Guardian Signature

Date