



Sign Language Camp Registration

Registration Directions:

Please complete and sign this form and email it to SignCamp@ShiningStarsHomeschooling.com, or fax it to (888) 959-7848. Your registration will not be complete until you have paid for the camp. To pay for the camp, please go to www.ShiningStarsHomeschooling.com, and click on the red button at the top of the page. Choose "Summer Camp" in the blue menu on the left and then add "Sign Language Camp" to your cart and check out. One t-shirt is provided for each student. If you would like to purchase additional t-shirts, you will need to add those to your cart before completing your purchase. You will receive an emailed receipt of your payment immediately upon completion of your payment and an email confirming that your registration form has been received within 24 hours. If you do not receive either emailed receipt or if you have any questions regarding the camp or registration, please call (832) 310-4332 or (210) 417-4195.

Location HCC Spring Branch

HCC Missouri City (Sienna)

Alamo College Northwest Vista

Alamo College Northeast Lakeview

Camp Class Elementary

Middle School

Student's Name _____ **Age** _____ **Sex** Male Female

Latest Grade Completed _____

Parent/Legal Guardian _____

Mailing Address _____

City _____ **State** _____ **Zip** _____

Home Address _____

City _____ **State** _____ **Zip** _____

Home Phone _____ **Cell Phone** _____ **Work Phone** _____

Email Address _____

Emergency Contact #1

Name _____ **Relationship to Student** _____

Phone _____ **Alternate Phone** _____

Emergency Contact #2

Name _____ **Relationship to Student** _____

Phone _____ **Alternate Phone** _____

Please list all persons who have your permission to pick your child up from camp.

T-shirt Size Child S M L Adult S M L XL XXL

Number of T-shirts needed (Students are required to wear camp t-shirts each day of camp for safety reasons. One t-shirt is free for each student. If you would like additional shirts, you will need to pay for them when paying for camp.) _____

Name on the credit card or PayPal account to be used for payment at time of registration (This is needed to verify that your payment has been received.) _____

List any medications your child is currently taking. _____

Does your child need to take medication during camp hours? Yes No

Medication(s) and dose(s) to be taken during camp hours _____

Time the student should take the medication(s) _____

If your child will need to take medication during camp hours, please sign agreement to the following statement.

I understand no nurse or other medical professional will be available to administer medications to camp participants and agree to allow a teacher, teacher's aide, or the director of Shining Stars Homeschooling to administer the medication listed above to my child. I agree to give this medication in the prescription bottle with my child's name and dosage listed directly to my child's teacher or teacher's aide or to the director of Shining Stars Homeschooling, rather than having my child do so. Furthermore, I agree to release Shining Stars Homeschooling, its teachers, teacher's aides, and the director of Shining Stars Homeschooling from any liability relating to a reaction my child may have to the medication I request to be administered during camp hours.

Parent/Guardian Signature _____

Please list any allergies the student has and the severity of the allergies.

Does your child have food allergies or restrictions? Yes No

Please list any restrictions or allergies if not listed above.

Shining Stars Homeschooling will serve two snacks and lunch each day. However we cannot guarantee the food that will be served will be free of any specific ingredient. If your child has food allergies or restrictions, please send a sack lunch and two snacks for him/her each day.

ALL PARENTS, please sign below one of the following statements.

My child may eat the snacks and lunches served at Sign Language Camp by Shining Stars Homeschooling.

I will provide snacks and lunch for my child due to his/her allergies or food restrictions. I agree to discuss this with my child. I also understand that while every effort will be made by teachers of Shining Stars Homeschooling to assure my child does not eat the food

provided for the camp, with food readily available for other students, teachers cannot guarantee a child will not eat any of the food provided. Therefore I agree the responsibility for my child not eating the food provided for the camp participants is mine and my child's responsibility, and I agree to release Shining Stars Homeschooling, its director, teachers, and aids from any liability for a reaction my child may have to food provided by Shining Stars Homeschooling for the camp participants.

ALL PARENTS, please sign below the following statement.

I understand my registration will not be complete until I have returned this form and paid \$495 for my child's participation in the camp as well as the cost of additional t-shirt(s) if I would like to have more than the one free t-shirt provided (\$15 each for extra t-shirts). I also understand only a limited number of students may register for each camp and that if I return this form and/or make my payment after the camp is full, my payment will be refunded, and my child will not be able to participate in the camp. Furthermore, I understand that if at least 15 students have not registered for my child's camp class by the registration deadline, the class will be cancelled, and my payment will be refunded. I agree to these policies.

Signature _____

Date _____

ALL PARENTS, please sign below the following statement.

I understand that camp t-shirts are required to be worn each day of the camp for safety reasons. I agree to purchase at least one camp t-shirt and to have my child wear a camp t-shirt each day of camp and understand that he/she may not be allowed to attend camp if he/she is not wearing a camp t-shirt.

Signature _____

Date _____

ALL PARENTS, please sign below the following statement.

Shining Stars Homeschooling is offering the Sign Language Camp for which I am registering my child. In addition, Alamo Community College District or Houston Community College District is providing the location for the camp. Although Shining Stars Homeschooling, Alamo Community College District, and Houston Community College District hope no student will be injured, injuries are a possibility of participation in the camp. The risk of injuries is a risk that the students and their legal guardians voluntarily agree to assume in exchange for the privilege of registering for and participating in the camp. The students and their parents/guardians understand and agree that this risk is not a risk that Shining Stars Homeschooling, Alamo Community College District, or Houston Community College District assumes and that Shining Stars Homeschooling, Alamo Community College District, and Houston Community College District are not responsible for any injuries to the students. Accordingly, I,

_____, the parent/guardian of _____ voluntarily release, discharge, and waive the right to sue Shining Stars Homeschooling, Alamo Community College District, and Houston Community College District and their directors, teachers, teacher's aides, employees, volunteers, faculty, staff, and all persons acting by, through, under, or in concert with Shining Stars Homeschooling, Alamo Community College District, and Houston Community College District (collectively, the "Released Parties") for any and all losses, demands, claims, suits, causes of action, liability, costs, expenses, and judgments, whether arising in equity, at common law, or by statute, under the law of contracts, torts, or property, for personal injury (including without limitation emotional distress), arising in favor of the guardian, the student, or anyone claiming through us based upon, in connection with, relating to or arising out of, directly or indirectly, the student's participation in the camp (collectively, "Claims") EVEN IF ANY SUCH CLAIMS ARE DUE TO THE RELEASED PARTIES' OWN NEGLIGENCE, STRICT LIABILITY WITHOUT REGARD TO FAULT, VIOLATION OF STATUTE, OR OTHER FAULT, INCLUDING ANY NEGLIGENT ACT, OMISSION OR INTENTIONAL ACT INTENDED TO PROMOTE MY CHILD'S SAFETY OR WELL-BEING. The guardian and student hereby give their permission to the Released Parties to obtain emergency medical treatment for the student if any Released Party deems in its discretion that such emergency medical treatment is necessary. The student and the guardian acknowledge and agree that any photos, videos, pictorial images, voice recordings, or quotations including those of the student taken or created by any Released Party (including without limitation any taken by any photographer or videographer paid by or volunteering for any Released Party) during or relating to the camp are the sole property of Shining Stars Homeschooling and may be used in future publications, web pages, promotions, advertisements, and exhibits of Shining Stars Homeschooling (or any other person authorized to use such images by Shining Stars Homeschooling) without the need of any additional permission from or consideration to the student or guardian. I release and waive for myself, the student, and anyone claiming through us all claims based on the right of privacy, right of publicity, moral rights, or any other intellectual property rights related to the rights granted by me to Shining Stars Homeschooling.

Parent/Guardian Signature _____

Parent/Guardian Printed name _____

Date _____