



Participant

Last Name: _____ First Name: _____ MI _____ Nickname _____

Date of Birth: ____/____/____ Age Last Birthday ____ Male Female
Mo. Day Year

Address: _____ Apt. No. _____

City: _____ State: _____ Zip: _____ County: _____

Phone: (____) _____ Cell (____) _____ Email: _____

Parent(s) or Guardian(s) (only if participant is under age 18)

1. Last Name: _____ First Name: _____ MI _____
Relationship to Child _____

Address: _____ Apt. No. _____

City: _____ State: _____ Zip: _____ County: _____

Primary Number: (____) _____ Secondary Number: (____) _____
Please check the box next to the phone number preferred during the hours your child is in our care.

Email: _____

2. Last Name: _____ First Name: _____ MI _____
Relationship to Child _____

Address: _____ Apt. No. _____

City: _____ State: _____ Zip: _____ County: _____

Primary Number: (____) _____ Secondary Number: (____) _____
Please check the box next to the phone number preferred during the hours your child is in our care.

Email: _____

Participant Emergency Contact Information

PRIMARY EMERGENCY CONTACT

• Last Name: _____ First Name: _____ Relationship to Child: _____

Phone Number: (____) _____ Other Phone Number: (____) _____
Please check the box next to the phone number preferred during the hours your child is in our care.

SECONDARY EMERGENCY CONTACT

• Last Name: _____ First Name: _____ Relationship to Child: _____

Work or Daytime Phone Number: (____) _____ Cell Number: (____) _____
Please check the box next to the phone number preferred during the hours your child is in our care.

MEDICATION POLICY

All prescription medication must be in its original container with a pharmacy label. The label must include the participant's name and physician instructions. All over-the-counter medications must be in their original container or package. Northwest Vista College staff will NOT DISPENSE OR ADMINISTER ANY prescribed medication or over-the-counter medication to any participant. Any medication must either be self-administered or administered by the parent/guardian if the participant is under 18 years of age.

PARTICIPANT MEDICAL INFORMATION

LIST ALL ALLERGIES:

LIST ALL MEDICATIONS:

ADDITIONAL MEDICAL INFORMATION

Please indicate any pertinent information regarding the participant's care or special needs:

EMERGENCY PROCEDURE

It is our policy to notify the emergency contact person when a participant is ill or needs medical attention. If we are unable to reach the contact person, we will call 911 emergency services for their assistance.

**AUTHORIZATION FOR PICKUP
(for participants under 18 years of age)**

Your child will only be released to an authorized person listed below. Please list all names including mother/father/guardian. (Must show I.D.)

Last Name: _____ First Name: _____ MI _____
Relationship to Child _____ Phone Number: (____) _____

Last Name: _____ First Name: _____ MI _____
Relationship to Child _____ Phone Number: (____) _____

Last Name: _____ First Name: _____ MI _____
Relationship to Child _____ Phone Number: (____) _____

Parent/Guardian Signature

Date

COMMUNITY EDUCATION
BEHAVIORAL AGREEMENT and CODE OF CONDUCT

Participants of Northwest Vista College Community Education programs assume an obligation to conduct themselves in a manner that is civil and compatible with the colleges function as an educational institution. Participants may be terminated from the program if the rules and regulations stated below are violated. All participants will agree to:

- Report all prescription medications the program coordinator. Prescription medications must be self-administered or administered by the parent/guardian; otherwise, no medications or drugs are allowed.
- Be polite to staff, instructors, and other participants and respect their property.
- Follow classroom/camp rules.
- Follow directions.
- Refrain from consuming food and drink including gum and candy during class sessions, unless instructor approval is obtained.
- Refrain from using electronic devices, e.g., handheld game devices, cell phones, etc. during classroom sessions.
- Respect campus property and refrain from defacing, damaging, etc. campus property
- No disruptive behavior is will be permitted. Parents/guardians will receive immediate parent notification of their

By signing, this document I agree to comply with the terms and stipulations stated above while I am a NVC Community Education participant, whether activities are conducted on campus or at an off-site locations. I further understand that my failure to abide by this Behavioral Agreement can result in my immediate removal from the program without refund.

Participant Signature

Date

Parent/Guardian Signature

Date

REQUIRED if, participant is younger than 18 years of age

Submit completed form to the Community Education Programs prior to the first class day to ensure program participation.



Office Use Only

Semester/Term

Processed By/Date

Release, Indemnity and Consent to Travel and Emergency Treatment

Name of Participant

Last Grade Completed

The undersigned, on behalf of the named Participant, whether the undersigned or a person for whom the undersigned is parent or guardian, in consideration of Participant being allowed to participate in a Northwest Vista College (“College”) Community Program (“Program”), voluntarily executes this Release, Indemnity and Consent to Travel and Emergency Treatment Agreement (“Agreement”)

Participant hereby assumes all risks for claims by, on behalf of or arising through Participant, whether known or unknown, arising, directly or indirectly, out of Participant’s participation in the Program, and hereby releases College, the Alamo Community College District (“District”), their Trustees, officers, employees, agents, representatives, contractors, volunteers and others acting on their behalf (“Protected Parties”), from all liability for any and all costs resulting from, any complaints, claims, demands, liabilities, suits, damages, judgments, penalties, fines, settlements, losses and expenses (including legal fees, expert witness fees and other legal expenses and court costs), of whatsoever kind and nature, imposed upon, incurred by, or asserted against Protected Parties which Participant ever had, now has, ever will have or may claim to have arising out of such participation, INCLUDING ANY ALLEGED NEGLIGENCE, GROSS NEGLIGENCE OR STRICT LIABILITY OF ANY PROTECTED PARTY (“CLAIMS”).

The undersigned, on behalf of self and Participant, hereby indemnifies and holds harmless Protected Parties from and against, and agrees to pay to Protected Parties on demand, the amount of any and all CLAIMS against them, INCLUDING ANY ALLEGED NEGLIGENCE, GROSS NEGLIGENCE OR STRICT LIABILITY OF ANY PROTECTED PARTY.

The undersigned hereby grants to College, District and emergency care professionals permission to provide treatment to Participant for emergency and/or minor medical injuries or illnesses which present while Participant is engaged in the Program.

The undersigned hereby grants to College and District permission for Participant to engage in off-campus field trips utilizing Program personnel and vehicles.

I have read this Agreement and understand all of its terms. I execute it voluntarily and with full knowledge of its contents and significance. If I am not the Participant, I represent and warrant that I am the legal guardian of Participant, whether as parent of a minor child or otherwise.

Date

Participant Signature (Parent/Guardian for children under 18)

Print Name Here



ALAMO COLLEGES DISTRICT
Northwest Vista College

Media Release Form for *Adult* Participants

I allow the Public Relations office at Northwest Vista College and its photography consultants, video consultants, contractors, full-time and part-time employees to use my photograph, voice or person either live or recorded for recruitment and marketing purposes. Further, I hereby release and otherwise agree to hold Northwest Vista College and its employees harmless from any and all claims arising out of, or resulting from, my appearance in the above production.

I further understand that I have the right to revoke this permission to Northwest Vista College at any time. This will only apply to future marketing, advertising, and public relations pieces, not those already in existence. If I choose to revoke these rights I must do so in writing, and the document must include my signature.

These photos, video, and/or audio recording will be used for marketing, advertising and public relations purposes and may appear in brochures, newspapers, magazines, buses, movie theaters, other such marketing pieces, or in the photographer's portfolio. I agree that I will not receive any pay or reimbursement for these media productions.

Signature

Name (Print)

Date

3535 N. Ellison Drive

San Antonio, TX 78251

www.alamo.edu/nvc



Media Release Form for *Child* Participants

I allow the Public Relations office at Northwest Vista College and its photography consultants, video consultants, contractors, full-time, and part-time employees to use my child's photograph, voice, or person, either live or recorded, for recruitment and marketing purposes.

Further, I hereby release and otherwise agree to hold Northwest Vista College and its employees harmless from any and all claims arising out of, or resulting from, my child's appearance in this project.

I further understand that I have the right to revoke this permission to Northwest Vista College at any time. This will only apply to future marketing, advertising, and public relations pieces, not those already in existence. If I choose to revoke these rights I must do so in writing, and the document must include my signature.

These photos, video, and/or audio recordings will be used for marketing, advertising, and public relations purposes and may appear in/on brochures, newspapers, magazines, buses, movie theaters, other such marketing pieces, or in the photographer's portfolio. I agree that I will not receive any pay or reimbursement for these media productions.

Name of Child (Print)

Date

Name of Parent (Print)

Signature of Parent/Guardian