

Kaskaskia College KICK Registration Form

Legal Name: Last _____ First _____ MI _____

Address: _____ Social Security: _____

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

Telephone: (H) _____ (W) _____

Email: _____

Birth date: _____ Gender: Male Female

Semester: **Summer 2023**

Class Title: _____

Course Number: _____ Cost: _____

Class Title: _____

Course Number: _____ Cost: _____

Class Title: _____

Course Number: _____ Cost: _____

Class Title: _____

Course Number: _____ Cost: _____

Total Cost: _____

The information collected in the below section is used to comply with federal and state reporting requirements.

Ethnicity: Hispanic or Latino Ethnicity Yes No

Race: (select all that Apply) American Indian or Alaska Native Asian

Black or African American Native Hawaiian or Other Pacific Islander White

Primary Race/Ethnic Group: (select one) American Indian or Alaska Native Asian

Black or African American Hispanic or Latino Native Hawaiian or Other Pacific Islander

White Choose Not to Respond

Student Signature: _____ Date: _____

Questions Call: 618-545-3255

Send registration form along with payment to: Kaskaskia College

Industrial and Continuing Education Office, 27210 College Road, Centralia, IL 62801

This agreement must be signed and returned before students are allowed to participate in any program

Participation Agreement

Please read this form carefully and be aware that in having your student registered and participating in this program, you will be waiving and releasing all claims for injuries your student might sustain arising out of this program. As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages or loss which my student may sustain as a result of participating in any and all activities with or associated with such program. I agree to waive and relinquish all claims I may have as a result of my student participating in the program against Kaskaskia College and its Board of Trustees, officers, representatives, agents, servants and employees from any claims from injuries, damage or loss which my student may have or which may accrue to me on account of my participation in the program. I further agree to indemnify and hold harmless and defend Kaskaskia College and its Board of Trustees, officers, presenters, representatives, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by my student and arising out of, connected with, or in any way associated with the activities of the program. In the event of any emergency, I authorize Kaskaskia College officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my student's immediate care, and I agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand the above Program Details and Waiver and Release All Claims.

Child's First and Last Name: _____

Signature of Parent or Guardian: _____

Date: _____

Release Forms

Kaskaskia College
27210 College Road
Centralia, Illinois 62801

Permission to Use Photograph

Subject: _____

Location: _____

I grant to **Kaskaskia College** its representatives and employees the right to take photographs of me and my property in connection with the above-identified subject. I authorize **Kaskaskia College**, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that **Kaskaskia College** may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understood the above:

Signature _____

Printed name _____

Organization Name (if applicable) _____

Address _____

Date _____

Signature, parent or guardian _____
(if under age 18)