



Camp/Workshop Registration Form

Participant _____

Likes to be called _____

DOB _____ Age _____ Grade (Fall 2009) _____ Male/Female _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Guardian _____

Guardian Work Phone _____

Guardian Email _____

____ Cheer Dance Basics	June 15-19	(M-F)	\$85
____ Be a Nature Detective!	June 9-11	(T-Th)	\$80
____ Acting Up	June 8-12	(M-F)	\$150
____ Elementary Entrepreneurs	June 8-26	(M-F)	\$300
____ Adventures in Art	June 8-26	(M/W/F)	\$125
____ Character Animation Workshop	June 23-25	(T/W/Th)	\$80
____ Summer Guitar Workshop	June 15-19	(M-F)	\$80
____ Digital Photography	June 22-25	(M-Th)	\$100
____ 3D Modeling/Interactive Worlds	July 20-31	(M-F)	\$175
____ Writing in College	June 8 & 10	(M/W)	\$80
____ MathFest 2009	June 8-12	(M-F)	\$90

____ MasterCard ____ Visa ____ Discover ____ American Express

Cardholder's Name: _____

CC #: _____ Expires _____

Signature: _____

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

CANCELATION POLICY: Refunds will be given up to two weeks prior to the start of a camp or workshop less a \$10 processing fee.

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/OUR CHILD BEING ALLOWED TO PARTICIPATE IN THE AFORESAID CAMP.

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 photographs 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

Mail to:
Millsaps College Summer Enrichment
Continuing Education
Millsaps College
1701 North State Street
Jackson, MS 39210

Fax to:
601-974-1137

For more information, please call:
601-974-1130