

Application for Rangerette Summer Camp for Minor

This form **MUST** be signed and notarized before the Minor is allowed to remain or participate.

Name _____ Grade (next year) _____

Address _____ School last attended _____

City/State/Zip _____ Date of Birth _____

Telephone (Home) _____ (Other) _____

T-shirt Size **Youth Sizes** **S** **M** **L** **Adult Sizes** **S** **M** **L** **XL**

Roommate 1st choice _____ Email Address _____

Camp I will be attending _____ Date of camp _____

Anyone registering after early registration will be assigned roommates without regard to request. Out-of-town campers must leave the residence hall at the close of camp.

For payment by credit card Discover, MasterCard, Visa, American Express (circle one)

3 Digit Code _____ Name on Card _____ Expiration Date _____

Card# _____ Signature _____

Return this information to Rangerettes Forever, Kilgore College, 1100 Broadway, Kilgore, TX 75662-3204 or phone 903/983-8182 or fax 903/983-8255. For additional questions email Sherry Ransom at sransom@kilgore.edu.

KILGORE COLLEGE RANGERETTES FOREVER RELEASE AND INDEMNITY AGREEMENT

In consideration of Kilgore College (KC) and The Kilgore College Rangerettes Forever (RF) providing instruction to _____ (name of Minor), the undersigned, _____ (parent, guardian or managing conservator), whose address is _____ hereby **AGREES, on behalf of the Minor, AS FOLLOWS:**

(1) The undersigned agrees to INDEMNIFY and HOLD HARMLESS KC and RF, and their officers, directors, and employees against ANY AND ALL CLAIMS, INCLUDING NEGLIGENT ACTS OR OMISSIONS (whether bodily injury, death or property claims), for conduct committed by its officers, agents, employees, or employees of contractors that arise out of or in connection with the Minor's participation or instruction in the Rangerette summer camp program, wheresoever such activity occurs.

(2) In so agreeing, the undersigned ASSUMES ALL RISKS AND WAIVES ALL CLAIMS against KC and RF, their officers, directors, and employees for any damage, loss or injury, with respect to the Minor's participation in the Rangerette summer camp program, or in any such matters.

_____ Parent, _____ Guardian, _____ Managing Conservator (check one)

Signature _____ Date _____

ATTACH A COPY OF THE INSURANCE CARD THAT YOUR CHILD IS COVERED UNDER

Kilgore College Rangerettes Forever Consent for Medical Treatment for Minor

Student's Name:

First _____ MI _____ Last _____

Parents' Names:

Father: First _____ MI _____ Last _____

Address: Street _____ City _____ State _____ Zip _____

Phone: Day _____ Evening _____ Cell _____

E-Mail: _____

Mother: First _____ MI _____ Last _____

Address: Street _____ City _____ State _____ Zip _____

Phone: Day _____ Evening _____ Cell _____

E-Mail: _____

Other: Managing Conservator Guardian Other Local Contact

Name: First _____ MI _____ Last _____

Address: Street _____ City _____ State _____ Zip _____

Phone: Day _____ Evening _____ Cell _____

E-Mail: _____

If the student has any special medical conditions, please list those along with the name and phone number of the Specializing Physician to contact in case of an emergency.

KILGORE COLLEGE RANGERETTES FOREVER AUTHORIZATION

I, _____, the natural parent, legal guardian or managing conservator of _____, a minor, do hereby acknowledge and declare that said minor is presently under my care, custody and control and that I have the authority to grant the permission and consent for medical treatment stated herein. I further declare that the minor has no known medical conditions which would prohibit or limit his/her participation in The Kilgore College Rangerettes Forever program.

I hereby authorize any representative of Kilgore College or The Kilgore College Rangerettes Forever to authorize and consent to any medical examination, treatment, surgery, and/or administration of drugs by qualified, licensed medical personnel on my behalf and for said minor which may become necessary due to injury, illness or disease while participating in The Kilgore College Rangerettes Forever and associated activities.

I understand that:

- (1) I will be notified as soon as possible by Kilgore College of any injury, illness or disease requiring medical examination or treatment pursuant to this consent. Once notified, I will be solely responsible for any further consent to medical, surgical or drug treatment provided to said minor.
- (2) all expenses of such care, examination and treatment will be paid by me or my insurance.
- (3) it is my responsibility to advise Kilgore College, in writing, of any special medical needs of said minor, including, but not limited to: medical insurance information, known medical conditions, known drug allergies, and regular medication.

By: _____ Relation to Minor: _____

STATE OF TEXAS, COUNTY OF _____, SUBSCRIBED AND SWORN TO before me by the said _____ on this the _____ day of _____, 200__, to certify which witness my hand and seal of office. Notary Public in and for The State of Texas.

My commission expires _____