



2010 Summer Program Registration –
Information and Agreement

Name of child/(Registrant)_____ Age:_____ Phone #:_____

Physical Address:_____ City:_____ State:_____ Zip:_____

Responsible party:

Mother's Name:_____ Phone #:_____

Father's Name:_____ Phone #:_____

Other:_____ Phone#:_____

Emergency Contact:_____ Phone #:_____

If your child has any special needs please describe below:

IMPORTANT NOTICES:

Program Dates: _____Session 1 – June 21 through June 25, 2010

_____Session 2 – July 19 through July 23, 2010 (Place X in blank to designate session).

Program hours: 1 p.m. until 4 p.m. Monday through Friday.

Fee: Fee (per child) is due prior to the start of the program. Check, money order or cash only.

Drop off/pick up: Please deliver and pick up your child promptly. Staff is authorized to allow registrant to be released to person or persons named herein. Proper identification may be requested.

SNACKS: Your child (Registrant) may be provided with a snack or other food products during this program. Please indicate above if you prefer that your child not receive any snack or food products or indicate any specific food allergies etc.

AGREEMENT:

As consideration for being accepted to participate in our McAllen Heritage Center, Inc. (MHC) summer program and all associated activities, I hereby represent and warrant that by signing below, I am the responsible and authorized party to enroll the Registrant and accept and agree to comply to any program rules and requirements. I agree that I, and any of my assigns will not make a claim against, sue, attach the property of, or prosecute MHC, its officers, directors, agents and employees, for any injury, illness or disease, death, or damage to Registrant or to property, resulting from the negligence or other acts, howsoever caused, by MHC, its officers, staff, directors, agents, employees, and volunteers, except for gross negligence and intentional acts, or as a result of participation in the MHC summer program and all elated activities. In addition, I hereby agree to fully and completely indemnify and hold harmless MHC its officers,staff, directors, agents and employees, from any and all claims, damages, actions or demands I, my heirs, distributes, guardians, legal representatives or assigns now have or may here after have for injury or damage as previously described. I expressly agree that this release and waiver is intended to be as broad and inclusive as permitted by the laws of the State of Texas and that if any portion thereof is held invalid, it is agreed that the balance shall, not with standing, continue in full legal force and effect. I

Agreed to on _____ Signature: _____
(Date) (Responsible party)

Relationship to Registrant: _____

PAYMENT:

Fee \$35.00 per Registrant:

Received by: _____ Cash _____ Check number _____

[Type text]