

**MiraCosta College for Kids/Youth Academy/Soccer Camp
Parental Release and Consent Form**

By my signature below, I hereby give permission for:

(Name(s)) _____
to participate in the "College for Kids/Youth Academy. I hereby release MiraCosta College, the City of Oceanside, and it's employees, Board of Trustees, officers or agents harmless from any claims, damages, losses and/or expenses arising out of participation in "College for Kids" activities and assume all liability for any and all personal injury, bodily injury, illness or property damage that occurs in result of participation of activities. In the event of illness or injury, I do hereby consent to whatever medical and/or dental treatment are considered necessary in the best judgment of the attending medical staff, and/or MiraCosta College District staff. I give permission to transport and admit my child to a local hospital for the purpose of emergency medical treatment. I also understand that MiraCosta Community College District does not provide health and medical insurance for participants in "College for Kids/Youth Academy" programs.

I also grant permission that any pictures or videos taken containing my child may be used for future promotional purposes.

I agree that my child will cooperate and accept MiraCosta College for Kids or Youth Academy standards of behavior. Failure in this area may result in dismissal. The Director and/or Camp Administrators have the right to dismiss any child for behavioral problems. I agree and understand that in all cases of dismissal or voluntary withdrawal, there will be no refund of any fees.

Print Name of Parent or Guardian	Signature	Date	Daytime Phone Number(s)
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Emergency Contact/Relationship	Emergency Phone Number (Required)
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1. _____	2. _____	3. _____
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Child's Name(s) and Date(s) of Birth

Medication (if any) _____ **Allergic to (if any)** _____

Please attach additional medical information you think we should be aware of.

Sign out Authorization:

I authorize the following adults to pick-up my child from MiraCosta College for Kids program:

Name and phone numbers: _____

This form must be received by our staff prior to your child's class dates. Children will not be able to participate in our program until this form is received with completed information.

Please mail this form to:
Technology Career Center
MiraCosta College for Kids
2075 Las Palmas Drive
Carlsbad, CA 92011

Or scan/email to: college4kids@miracosta.edu
Questions: 760-795-6820

