



Office use only:
Registration received _____

2019 Mini CAPS Registration Form

Participant Information (to be completed by parent/guardian): Please Print

Child's Name _____ Preferred Name _____
Date of Birth _____
Address _____ City _____
State _____ Zip _____ Home Phone _____
Name of Parent(s)/Guardian _____ Daytime Phone _____
Emergency Contact Person (other than parent) _____
Relationship _____ Daytime Telephone Number _____
Student's School _____
Grade completed May 2019: _____ Kindergarten _____ 1st Grade
Week(s) to attend (separate registration fees required for each week): _____ July 8-12 _____ July 22-26
Circle T-shirt Size Child: XS S M L Adult: XS S M L XL XXL

❖ **Method of Payment (payment due with application - \$175 first child; \$155.00 each additional child)**

1. Check enclosed (payable to LSU Alexandria Continuing Education) \$ _____ amount
2. Credit Card: Visa MasterCard American Express Discover
Card Number _____ Exp. Date _____
Name as it appears on card (Please Print) _____
Signature _____ Address _____
3. RegisterBlast (<https://www.registerblast.com/lsua-conted/Activity>)

**** Parent/Guardian who wishes to enroll 2 or more children must submit payment by either option 1 or 2 to receive discount****

Please mail payment, registration form, medical release, and photo release by June 7, 2019 to:

CAPS - Continuing Education
LSU Alexandria
807 Jackson Street
Alexandria, LA 71301

For more information,
please visit www.lsua.edu/ce,
call (318) 427-4441
or email
ContinuingEducation@lsua.edu



❖ **Consent Release**

In consideration of my child participating in LSU Alexandria’s CAPS program, I _____ on behalf of myself, heirs, legatees, personal representatives and all those claiming by or through me consent to, and so hereby discharge and release and forever hold harmless LSU Alexandria and their affiliates, sponsors, employees, assigns, successors and heirs and any facility at which events are held, from any and all claims, actions, losses, damages, or expenses for personal or bodily injury (including death) and property loss or damages of whatever nature or cause, incurred by me (or my child’s) participation in the aforementioned activity, I hereby consent I am of legal age and capacity and have read and understand the contents of the Consent Release.

Signature of Parent or Legal Guardian

❖ **Emergency Hospital Permission**

I, the undersigned parent/guardian, understand that although the CAP’s staff closely supervises the participants, LSUA or the CAP’s staff is not responsible in cases of accidental injury or illness. In the event first aid is necessary; it will be available on site. I give permission to the physician selected by the CAP’s staff to order x-rays, routine tests and treatment for the health of my child, and in the event I cannot be reached in an emergency, I give permission to secure proper treatment for (hospitalize, order injections and/or anesthesia and/or surgery) for my child.

Doctor’s Name: _____ Phone: _____

List all allergies or special medical information: _____

Please do not bring your child to CAPS if he/she is ill. Children who have a fever or are taking medication should remain at home. We are unable to give prescription medication to participants.

Signature of Parent or Legal Guardian

❖ **Medical Waiver**

You are hereby advised by LSU Alexandria CAPS that before allowing your child to participate in the program of vigorous physical activities involved in CAPS, your child should have a medical exam by a qualified medical doctor for the purpose of establishing the child’s complete physical soundness for participation in CAPS activities. By signing, you waive this medical exam and any responsibility on the part of LSU Alexandria for obtaining a medical examination for your child or having adequate medical insurance.

I have read and understand this waiver.

Signature of Parent or Legal Guardian

❖ **Photograph Consent Form**

I hereby consent to have my Child’s photograph, name and comments appear at no charge in any publication produced by LSU Alexandria to promote the University and its programs. I understand that these publications may be distributed to individual citizens, news media, social media, community and political leaders throughout the state.

Child’s Name (please print)

Telephone

Signature of Parent or Legal Guardian

Date

Address

❖ **Drop-Off and Pick-up**

Daily drop-off and pick-up -Detailed drop-off and pick-up instructions will be sent to all registered students prior to CAPS

❖ **Special Needs Accommodations**

- The LSU Alexandria campus is wheelchair accessible. If special accommodations are needed, please notify Continuing Education at (318) 427-4441 no later than Friday, May 31st.
- If your child suffers from any medical conditions (food or insect bite allergies, asthma, diabetes) notify Continuing Education in writing when you submit your CAPS application. By doing so we can ensure your child will receive prompt, proper medical attention if necessary.

❖ **Cancellation and Refund Policy**

Cancellation requests must be submitted in writing to the Continuing Education Dept. Cancellations received:

- Before or On Friday, June 7, 2019. \$55.00 cancellation fee
- On or After Monday, June 10, 2019. No refund

Cancellation refunds by check should be received within 30 days of receipt of request for cancellation by LSU Alexandria Continuing Education.