



TVCC Student ID -or- Social Security Number* _____ Date of Birth _____

Last Name _____ First Name _____ M.I. _____

Permanent Physical Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

E-mail Address _____

*OAR 589-004-0450 authorizes TVCC to ask students to provide their Social Security Number (SSN). The SSN will be used by the college in reporting, research, and record keeping. It helps the college plan, research, and develop programs. In addition, this information helps the college to support the progress of students and their success in the workplace and other education programs. State and federal law protects the privacy of your records. To see how your number is used, please see Records Management Policy Code JO-AR.

CLASS: 2018 - 30

Course #	Section	Course Title	Time	Days	Instructor
WORK 090	OC	Construction Combine	7 am - 5 pm	Tues. 3/20	Volunteer Instructors
			7 am - 5 pm	Wed. 3/21	

Gender:
 Male Female

U.S. Veteran?
 Yes No

Citizenship:
 U.S. Citizen/ Oregon
 Not a U.S. Citizen

Select your ethnicity:
 Hispanic / Latino
 Not Hispanic / Latino

Select your preferred race:
 American Indian / Alaskan Native
 Black / African American
 Native Hawaiian / Pacific Islander
 Asian
 White
 Other

Are you proficient in English:
 Speak
 Read
 Write

High School completed:
 Still in high school
 High School Diploma
 GED

Highest degree level you have completed:
 None
 Other (short term training)
 1-Year Certificate
 2-Year Associate Degree
 Bachelor's Degree
 Master's Degree
 Ph.D./Professional Degree

Do you have the following Personal Protective Equipment (PPE):

Protective Footwear:
 Yes No

Gloves:
 Yes No

Eye Protection:
 Yes No

Appropriate Clothing:
 Yes No

By signing this registration form, I agree to pay all tuition and fees applicable to the courses registered for above. Charges are subject to change at any time before the start of an academic quarter. The current charges can be found in the most recent printed class schedules, and on the college website. Whether or not any court action is involved, all expenses, fees, attorney fees and actual collection costs incurred by TVCC in an attempt to collect funds due shall become a part of the unpaid principle balance and payable upon demand. When expenses, fees and collection costs become a part of the unpaid principle balance, I understand my debt to TVCC may double. In the event legal action is instituted for the collection of this debt, the prevailing party shall be entitled to recover, at trial and on appeal, reasonable attorney fees and costs.

Student Signature _____

Date _____

Student Consumer Information: Treasure Valley Community College complies with the Student-Right-to-Know Act, Campus Security/Clery Act of 1990 and Equity in Athletics Disclosure Act. For information or complete reports concerning graduation, completion, and transfer-out rates, the annual campus security report, athletic program participation rates and financial support data, and the college's policy concerning drug and alcohol abuse prevention, please visit http://www.tvcc.cc/about_tvcc/index.cfm.

ACKNOWLEDGMENT OF RISK AND WAIVER OF LIABILITY

To the extent permitted by law, and in consideration for being allowed to participate in the Construction Combine (hereinafter "ACTIVITY"), I and/or on behalf of the minor child, hereby save, hold harmless, discharge and release TREASURE VALLEY COMMUNITY COLLEGE (hereinafter "TVCC") from any and all liability, claims, causes of actions, damages or demands of any kind and nature whatsoever that may arise from or in connection with my participation in any activities related to the ACTIVITY, whether caused by the negligence or carelessness of TVCC or otherwise.

It is my express intent that this Acknowledgement of Risk and Waiver of Liability shall bind my spouse, the members of my family and my estate, heirs, administrators, personal representatives and assigns. I further agree to save and hold harmless, indemnify and defend TVCC from any claim by the aforementioned parties arising out of my participation in the ACTIVITY or the minor child's participation in the ACTIVITY.

I recognize and acknowledge that TVCC makes no guarantees, warranties, representations, or other promises relative to the ACTIVITY, and assumes no liability or responsibility for injury or property damage that I may sustain as a result of participation in the ACTIVITY.

I further understand and agree that this is a release of liability and indemnity agreement, and it is intended to be as broad and inclusive as permitted by law. If any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and legal effect.

I hereby certify that, with or without accommodation, the below listed minor has no health-related reasons or problems that preclude or restrict my participation in the ACTIVITY. I hereby consent to and understand myself to be solely responsible for the cost of first aid, emergency medical care, and, if necessary, admission to an accredited hospital for executing such care or treatment for injuries that the minor child may sustain while participating in any activity associated with the ACTIVITY.

AUTHORIZATION FOR MEDICAL CARE AND CONSENT TO AGREEMENT

I certify that I am the parent or legal guardian of the above-named participant in the ACTIVITY. On behalf of myself and my spouse, partner, co-guardian or any other person who claims the participant as a dependent, I have read the above agreement, I understand the contents of this Acknowledgement of Risk and Waiver of Liability, assent to its terms and conditions, and sign this Acknowledgement of Risk and Waiver of Liability of my own free act. I acknowledge that my dependent and I have agreed to the terms and conditions of my dependent's participation in the ACTIVITY, and I hereby give my consent to participation by my dependent in the ACTIVITY, and to receive medical treatment determined to be necessary. I further agree to hold harmless, indemnify and defend TVCC from and against all claims, demands or suits that my dependent has or may have.

Dated this _____ day of _____, 20____.

Signature: _____

Name (print): _____

Address: _____

Phone Number: _____

EMERGENCY CONTACT

Emergency Contact Name (print): _____

Emergency Contact Address: _____

Emergency Contact Phone Number: _____

I, _____ Name

Hereby allow and authorize Treasure Valley Community College permission to use any visual photo and/or image of me, whether as a physical display, printed material such as brochure, flyer, poster, etc., or on the college website for promotional, educational, and recruitment purposes.

I understand that any visual photo and/or image is property of Treasure Valley Community College. I acknowledge any visual photo and/or image of me can be continually and permanently used at the discretion of the college without any further authorization or permission by me.

I understand Treasure Valley Community College can publish my visual photo/image without incurring any debts, compensation or liabilities to me of any kind. The College is not liable if my visual photo/image is misused beyond authorized College printing and advertising. Stock, visual photographs/images are pictures that are made available for client use by the photographer and/or the college. The photo(s) in which you may appear could be possibly used for editorial and/or advertising purposes at the college discretion.

I understand all information stated, agree, acknowledge and authorize the release of my visual photo/image to Treasure Valley Community College.

Name

Date

Student ID #

Phone or Cell #

Address

City, Street & Zip Code

Parent or Legal Guardian Signature
(If student is under 18 years of age)

Date