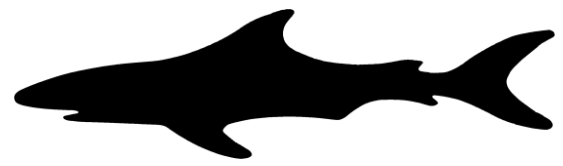


SADDLEBACK COLLEGE

ppatterson@saddleback.edu
(949) 582-4900 X 3161



Official Registration Form: **JAWS CAMP** SATURDAY, MAY 19, 2012

Deadline: Please complete registration form and return by April 18, 2012.

Mail to: Pam Patterson, Saddleback College Special Services, 28000 Marguerite Parkway • Mission Viejo • CA 92692-3635

Name: _____
First Last

Address: _____

City State Zip code

Age: _____ **Sex:** _____ **Email:** _____

Telephone: _____ **School:** _____

Briefly Describe Disability: _____

Medications: _____

Food Allergies: _____

Do you have Seizures? _____ **Type:** _____

In Case of an Emergency Contact Name: _____ **Emergency Phone #** _____

WAIVER

For, and in consideration of, South Orange County Community College District sponsoring this event, I, the undersigned, for myself, my heirs, successors and assigns, agree to release and forever discharge South Orange County Community College District, board of trustees, employees and agents from any and all liabilities, demands, or claims for loss or damage which may be sustained on account of my participation in the J.A.W.S. Camp (Just Adapted Water Sports). I also consent to allow medical treatment in case of emergency. Entry, participation or attendance during the J.A.W.S. Camp constitutes permission to be photographed for possible publicity, promotional or media purposes and constitutes a waiver of any and all claims for compensation from all sponsoring agents.

Participant's Signature

Signature of Parent or Guardian if under the age of 18