



Teen Authorization and Release Form

Please fill out **all** information completely and return this form to us upon registration of your class via e-mail: conted@bellevuecollege.edu

Participants without a completed form will not be able to participate in the program.

Participant's Name (first and last): _____

Date of Birth (mm/dd/yy): _____ Gender: _____ Grade entering: _____

Street Address _____

City _____ State _____ Zip _____

Parent or Guardian Contact Information

Name (first and last): _____

Home Phone#: () _____ Work Phone#: () _____

Alt. Phone#: () _____ Relationship: _____

Name (first and last): _____

Home Phone#: () _____ Work Phone#: () _____

Alt. Phone#: () _____ Relationship: _____

Photo Release

By checking this box, I grant permission for of my child's image to be published by Bellevue College in media/marketing related uses. I understand that reasonable attempts will be made to notify the participant/parent prior to use of full names, and I additionally consent to the use of the participant's name with these media releases.

Parental Permission/Responsibility

I approve of my child's enrollment in the Bellevue College Summer Programs for Teens Online. I will take responsibility for seeing that my child complies with appropriate college student behavior guidelines. Inappropriate behavior or discipline problems will result in dismissal from this program and there will be no refund. I believe all of the information above to be true and to the best of my knowledge. <https://www.bellevuecollege.edu/studentconduct/>

Parent/Guardian Signature _____ Date _____