



P.O. Box 501250 · Saipan, MP 96950 ·
Phone: (670) 237-6876
Fax: (670) 234-0054 · Web Site: www.crees.org

500 Sails & 4-H Marianas REGISTRATION FORM

1. NAME _____ 2. AGE _____ 3. GENDER _____
4. ISLAND _____ 5. SCHOOL _____ 6. GRADE _____
7. NAME OF PARENT/GUARDIAN _____
8. PARENT/GUARDIAN'S CONT. INFO (HOME/WORK/CELL NUMBER)
H# _____ W# _____ C# _____
9. VILLAGE: _____ 10. ETHNICITY: _____
11. Nationality: _____ 12. Allergies: _____

I authorize the 4-H Youth Development Program, NMC-CREES and 500 Sails to use my child's photo/video for reporting purpose and/or promoting the 4-H program and NMC-CREES.

I authorize NMC-CREES staff to transport my child to and from activity venues outside NMC campus.

_____ Signature _____ Date _____
Parent/Guardian (print)

List names & numbers of those authorized to pick up/drop off your child:



**NORTHERN MARIANAS COLLEGE
COOPERATIVE RESEARCH, AND EDUCATION SERVICES**

P.O. Box 501250 · Saipan, MP 96950 · Phone: (670) 237-6876

Fax: (670) 234-0054 · Facebook: 4-H Marianas



**PARENT/GUARDIAN PERMISSION SLIP AND
ASSUMPTION OF RISK AND RELEASE**

THIS RELEASE is executed by the parent(s) / guardian(s) of

| | | | |
|-----------------------------|-------------------|-----------------------------------|-----------------|
| (Participant's Name) | (Sex) | (Age) | (D.O.B.) |
| (Village) | (P.O. Box) | (Wk & Hm Phone Number) | |

WITNESSETH:

In consideration of being permitted to participate in the events and projects of the NORTHERN MARIANAS COLLEGE – COOPERATIVE RESEARCH, EXTENSION, AND EDUCATION SERVICE’S FAMILY AND CONSUMER SCIENCE – CNMI 4-H PROGRAM/CLUB AND PARTNERING ORGANIZATIONS, WE the UNDERSIGNED, in full recognition and appreciation of the dangers and hazards inherent in the 4-H Program and 4-H Club activities and events, including transportation to and from these activities and events to which my child may be exposed during his/her enrollment and or participation during this **Project Gamsun**. I/WE do hereby agree to assume all the risks and responsibilities surrounding my child’s participation in the 4-H Program and 4-H Club or independent research or activities undertaken as an adjunct thereto; and further, I/WE do for my/ourselves, my/our heirs and personal representative(s) hereby hold harmless, indemnity, and release, and forever discharge NORTHERN MARIANAS COLLEGE-COOPERATIVE RESEARCH, EXTENSION AND EDUCATION SERVICE, its regents, officers, faculty, staff, agents and employees, during the period of my child’s participation as aforesaid.

IN WITNESS WHEREOF, I/WE have caused this RELEASE to be executed this _____ day of _____, _____.

(Parent/Guardian’s Signature)

(Print Name)

(Parent/Guardian’s Signature)

(Print Name)