



SUMMER CAMP 2014

PLEASE PRINT

NAME OF CAMP: ALLIED HEALTH CAREER EXPLORATION

AGE GROUP: 9TH – 12TH GRADES

DATES OF CAMP: July 21 – July 24

TIMES: 1:00 p.m. – 4:00 p.m.

COST: \$40, INCLUDES SNACKS AND CAMP T-SHIRT

PARTICIPANT T-SHIRT SIZE: **ADULT:** S M L XL XXL

DUE DATE: REGISTRATION FEE AND PERMISSION SLIPS DUE NO LATER THAN JULY-1-2014

PARTICIPANT AREA OF INTEREST: EMS/FIRE NURSING NURSE AIDE DENTAL

PARTICIPANT NAME: _____ **AGE:** ____ **M** ____ **F** ____

PARENT/GUARDIAN NAME: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

CITY: _____ **STATE:** ____ **ZIP:** _____

PHONE NUMBER: (Home) _____ (Work) _____ (Cell) _____

SECONDARY PERSON TO NOTIFY: _____

TELEPHONE NUMBER: (Home) _____ (Work) _____ (Cell) _____

MEDICAL CONDITIONS OF PARTICIPANT: _____

MEDICATIONS PARTICIPANT IS ALLERGIC TO _____

MEDICATIONS PARTICIPANT IS CURRENTLY TAKING _____

PARENTAL PERMISSION

I understand that Wayne Community College does not carry any health, accident, or other similar insurance for students involved in student camps and that Wayne Community College assumes no liability for any such medical expenses. Based on this understanding, I certify as follows:

() My student is covered under my personal insurance policy which coverage is now in effect.

Company: _____

Policy or Claims No.: _____

() My student is covered under medical services provided through the United States Military and/or other governmental agency or organization, or otherwise through my employment.

Company: _____

Policy or Claims No.: _____

() My student has no medical insurance coverage and I agree to be fully responsible for all uninsured expenses for medical services and treatment resulting from any accident or injury during the camp.

I GRANT PERMISSION for my child, _____ to participate in the planned student camp named above. As the custodial parent, I hereby give permission for my child to receive proper medical attention which attending this camp, and authorize those supervising the camp to do any acts and give any required consents which may be necessary or proper to provide for the health care of my child/children at any hospital or other institution by any physician, dentist, nurse or other person whose services may be needed for such health care. This consent to provide health care shall be effective with the date the camp commences and extend through the last day of the camp.

Parent/Guardian Signature

Date

**Release Form for
Wayne Community College
Marketing and Media Relations
for Persons Under 18 Years of Age**

If you have not reached your 18th birthday, your parent/guardian must sign this form.

*Instructions: Please use ink to complete this release form.
Please print the complete name of the person to be recorded or
photographed in the second blank line and the complete name of the
parent or guardian on the first line of the statement. Minors who are
capable of signing their name should do so on the signature line at the
bottom of the form. The parent or guardian granting permission must sign
his/her complete name also and write in the correct date.*

I, _____, hereby authorize Wayne Community
College to record, tape, film, photograph, digitize or otherwise preserve in permanent
form the name, likeness, image, biographical material, voice and/or statements of
_____, who is my child or child for whom I am
the legal guardian.

I agree that any such recordings may be used and reused in whole or in part for electronic
or print publication, broadcast, cablecast, multimedia production, Internet distribution,
closed circuit exhibition, illustration, advertising, promotional purposes, and/or
educational distribution as deemed fit by Wayne Community College, in perpetuity,
throughout the world.

I also release Wayne Community College and its officers, agents, designees, faculty and
employees from any and all claims based on the use of such recordings and agree to hold
Wayne Community College harmless from any and all claims by third parties, including
any claim based on allegation of copyright infringement from any submitted statements.

Signature of Minor Subject (if capable)

Signature of Parent/Guardian

Date