



## SUMMER CAMP 2015

**PLEASE PRINT**

**NAME OF CAMP:** Information Technology Academy

**AGE GROUP:** 9<sup>TH</sup> – 12<sup>TH</sup> GRADES

**DATES OF CAMP:** June 22 – June 25

**TIMES:** 8:00 a.m. – 12:00 p.m.

**COST:** \$80

**DUE DATE:** REGISTRATION FEE AND PERMISSION SLIPS DUE NO LATER THAN JUNE 1, 2015

**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** \_\_\_\_\_

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**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 that is current and 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 while 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**