

**Wayne Community College**  
**Camp Parent/Guardian Permission Form**

PLEASE PRINT

NAME OF CAMP: CAMP KIL-O-WATT ENGINEERING CAMP

DATES OF CAMP: June 24-27, 2019 1:30 am – 4:00 pm, COST: \$40

DUE DATE: REGISTRATION FEE AND PERMISSION SLIPS DUE NO LATER THAN 6-17-19

PARTICIPANT NAME: \_\_\_\_\_ AGE \_\_\_\_ M \_\_\_\_ F \_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE 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, injury, or illness during the camp.

**I GRANT PERMISSION for my child/ren, \_\_\_\_\_ 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.**

***Students failing to adhere to the rules will have their parents notified to come to pick them up without a camp registration refund.***

\_\_\_\_\_  
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*

**Wayne Community College, 3000 Wayne Memorial Drive, Goldsboro, NC 27534  
(919) 735-5151 phone \* (919) 581-1012 fax \* [www.waynecc.edu](http://www.waynecc.edu)**