

SUMMER CAMPS REGISTRATION FORM

Camper's Name		Gender	Date of Birth	
Street Address		City	State	Zip Code
Parent/Guardian Name(s)				
Email Address	Home Phone	Work Phone	Cell Phone	
School				

Rising Grade Level: 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th

T-shirt Size: Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult X-Large

Please check a box below for each camp your child will attend:

<input type="checkbox"/> Basketball Camp	June 19 – 23	Mon – Fri, 8:30 a.m. – Noon	\$99	1st – 12th
<input type="checkbox"/> Coding Camp & Raspberry Pi	July 10 – 13	Mon – Thu, 8:30 a.m. – 12:30 p.m.	\$249	4th – 6th
<input type="checkbox"/> DC Outdoors	July 11	Tues, 9 a.m. – 2 p.m.	\$20	9th – 12th
<input type="checkbox"/> Digital Photography	July 10 – 14	Mon – Fri, 8 – 11 a.m.	\$99	6th – 12th
<input type="checkbox"/> Fashion Day	August 1	Tues, 9 a.m. – 4:30 p.m.	\$20	9th – 12th
<input type="checkbox"/> Future Emergency Response Heroes Camp	July 17 – 21	Mon – Fri, 8 a.m. – 5 p.m.	\$100	6th – 8th
<input type="checkbox"/> Machining and Engineering Camp	July 10 – 14	Mon – Fri, 8:30 a.m. – Noon	\$100	5th – 8th
<input type="checkbox"/> Money Matters	June 20	Tues, 9 a.m. – 1 p.m.	\$10	9th – 12th
<input type="checkbox"/> Pink Legos/Girls STEM Camp	August 7 – 11	Mon – Fri, 8:30 a.m. – 12:30 p.m.	\$99	1st – 3rd
<input type="checkbox"/> STEM Jr. (Davidson Campus)	June 26 – 30	<input type="checkbox"/> Session 1: Mon – Fri, 8:30 a.m. – 3:30 p.m.	\$150	1st – 4th
	July 10 – 14	<input type="checkbox"/> Session 2: Mon – Fri, 8:30 a.m. – 3:30 p.m.		
<input type="checkbox"/> STEM Jr. (Davie Campus)	July 17 – 21	Mon – Fri, 8 a.m. – Noon	\$100	1st – 4th
<input type="checkbox"/> STEM Robotics	July 24 – 28	Mon – Thu, 8:30 a.m. – 12:30 p.m. Fri, 8:30 a.m. – 3:30 p.m.	\$85	5th – 8th
<input type="checkbox"/> Summer Art Camp	June 26 – 30	Mon – Fri, 8:30 a.m. – Noon	\$125	6th – 12th
<input type="checkbox"/> Volleyball Camp	July 10 – 14	<input type="checkbox"/> Session 1: Mon – Fri, 8 a.m. – 11 a.m.	\$99	1st – 4th
		<input type="checkbox"/> Session 2: Mon – Fri, 11 a.m. – 2 p.m.		5th – 8th
		<input type="checkbox"/> Session 3: Mon – Fri, 3 – 7 p.m.		9th – 12th
<input type="checkbox"/> Young Artists Discovery	June 19 – 23	Mon – Fri, 8:30 a.m. – Noon	\$125	3rd – 5th
<input type="checkbox"/> Zoo & Aquarium Science	June 19 – 23	Mon – Fri, 8 a.m. – 3:30 p.m.	\$200	4th – 7th



For more information visit: DavidsonCCC.edu/camps

Davidson County Community College
www.DavidsonCCC.edu • 336-249-8186



SUMMER CAMPS REGISTRATION FORM

Emergency Medical Information

In the case of an emergency in which I/we cannot be reached, please contact: (Please list two)

Name #1	Relationship to Child	Home Phone	Cell Phone
Name #2	Relationship to Child	Home Phone	Cell Phone
Physician	Phone Number		
Dentist	Phone Number		
Insurance Company	Policy Number		

In the event that my child, _____, should require emergency medical treatment and reasonable attempts to contact me have been unsuccessful, I give my consent for emergency medical treatment as deemed necessary by the licensed physicians or dentists at a nearby hospital, emergency facility, or other such health care provider.

Parent's/Guardian's Signature _____

Date _____

Immunizations up to date: Yes No

Date of last Tetanus Booster: _____

Medications

Medication	Strength/Frequency	Reason for Taking
Medication	Strength/Frequency	Reason for Taking
Medication	Strength/Frequency	Reason for Taking

Camper self-administration of the above medications is approved by: _____

Parent's/Guardian's Signature

Date

**Be sure to bring medications in sufficient quantities and the original containers.
Make sure that they are NOT expired, including inhalers and EpiPens.**

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SUMMER CAMPS REGISTRATION FORM

Waiver to Carry Emergency Medical Device

All emergency medical devices (e.g., inhalers and EpiPens) must be carried on the individual's person at all times while attending camp. This section must be completed by a parent/guardian.

Due to the potential necessity for immediate medication use imposed by my child's condition, I hereby request that my child be allowed to keep the appropriate prescribed device on his/her person while participating in all camp activities.

The prescribed device is an EpiPen Asthma Inhaler Other _____

Allergy/Other Information

Does the individual have any allergies staff should be aware of?

None Food Medication Environmental (pollen, poison ivy, etc.)

Describe Allergy: _____ Reaction Level: Mild Moderate Severe

Required Treatment: _____

Please describe any other allergies, reaction level, and prescribed treatment: _____

Release Authorization

I hereby represent and warrant that the information pertaining to the individual listed above is correct. I am authorized to provide the waiver, health information, and release authorizations contained herein and agree to the camp policies as stated above.

I agree to release Davidson County Community College and its agents from any and all liability arising as a result of this waiver.

Printed Name (Parent/Guardian if Under 18)

Date

Signature (Parent/Guardian if Under 18)

Date

SUMMER CAMPS REGISTRATION FORM

Minor Model Release Form

Dear Parent/Guardian,

Your child's picture may be used in one of the following ways:

- Posted to the College's website on the Internet
- Submitted to publishers for publication
- Broadcasted through television
- Used in a demonstration project to be presented at conferences/workshops

I understand that every effort will be made to preserve anonymity and maintain confidentiality. I agree that Davidson County Community College, as well as those whose use of the publication, broadcast, and/or website is authorized by the College, shall not be held liable for such use, display, website, conference, or publication.

I/we grant permission for news photographers/videographers to photograph, videotape, and/or interview my child at College-related activities for the expressed purpose of publication and broadcast. I/we also grant permission for my child's picture to be published on the Internet and/or shown at conferences.

Camper's Name

Parent's/Guardian's Signature

Date

SUMMER CAMPS REGISTRATION FORM

Official Payment Form

Camper's Name

Method of Payment: Check Money Order VISA MasterCard Discover Payment Amount: _____

Name on Card

Card Number

Expiration Date (Month/Year)

Code on Back of Card (Last 3 digits on card signature line)

Signature of Cardholder

Billing Address of Cardholder (P.O. Box or Street Address & Apt. Number)

City

State

Zip Code

Cardholder's Phone Number

Please make checks payable to DCCC.

Registration, Emergency Medical Information, Health History, Model Release, and Official Payment forms should be mailed to:

Davidson County Community College
Attention: Business Office
P.O. Box 1287
Lexington, NC 27293

You may also fax all completed registration and payment forms to the Business Office at 336-249-0379.

For questions about camp or registration, please contact:
Anna Hinkle at 336-249-8186, ext. 6474 or email **Anna_Hinkle@DavidsonCCC.edu**

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