

SUMMER CAMPS REGISTRATION FORM

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

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

Continue to page 2 for a full camp selection

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Please check a box below for each camp your child will attend (grade levels based on rising grade):

<input type="checkbox"/> Archery Camp	June 11 – 15	Mon – Fri, 1 – 4 p.m.	\$100	4th – 9th
<input type="checkbox"/> Baking Up A Storm	June 25 – 29	Mon – Fri, 8 a.m. – Noon	\$125	4th – 7th
<input type="checkbox"/> Basketball Camp	July 9 – 13	Mon – Fri, 8:30 a.m. – Noon	\$99	1st – 12th
<input type="checkbox"/> Cosmetology Camp	June 18 – 22	Mon – Fri, 8 a.m. – Noon	\$125	6th – 8th
<input type="checkbox"/> Coding Camp & Raspberry Pi	August 6 – 9	Mon – Thu, 8:30 a.m. – 12:30 p.m.	\$249	4th – 7th
<input type="checkbox"/> DC Outdoors	June 26	Tues, 9 a.m. – 2 p.m.	\$25	9th – 12th
<input type="checkbox"/> Digital Photography Boot Camp	June 25 – 29	Mon – Fri, 8 a.m. – 4 p.m.	\$199	7th – 12th
<input type="checkbox"/> Drones Camp	June 18 – 22	<input type="checkbox"/> Mon – Fri, 8:30 a.m. – Noon <input type="checkbox"/> Mon – Fri, 1 – 4:30 p.m.	\$199	5th – 8th 9th – 12th
<input type="checkbox"/> Fencing Camp	June 11 – 15	Mon – Fri, 9 a.m. – Noon	\$100	4th – 9th
<input type="checkbox"/> Future Emergency Response Heroes Camp	July 23 – 27	Mon – Thu, 8 a.m. – 5 p.m., Fri 8 a.m. – 12 p.m.	\$100	6th – 8th
<input type="checkbox"/> KRE8ivU Cinematography	July 16 – 20	Mon – Fri, 1 – 4 p.m.	\$225	6th – 12th
<input type="checkbox"/> KRE8ivU Music Production	July 16 – 20	Mon – Fri, 9 a.m. – Noon	\$225	6th – 12th
<input type="checkbox"/> Machining and Engineering Camp	July 16 – 20	Mon – Fri, 8:30 a.m. – Noon	\$100	5th – 8th
<input type="checkbox"/> Pink Lego STEAM Camp	June 25 – 29	Mon – Thu, 8:30 a.m. – 3:30 p.m., Fri 8:30 a.m. – 2 p.m.	\$150	1st – 4th
<input type="checkbox"/> STEM Jr. (Davidson Campus)	June 25 – 29 July 9 – 13	<input type="checkbox"/> M – TH, 8:30 a.m. – 3:30 p.m., F 8:30 a.m. – 2 p.m. <input type="checkbox"/> M – TH, 8:30 a.m. – 3:30 p.m., F 8:30 a.m. – 2 p.m.	\$150	1st – 4th
<input type="checkbox"/> STEM Jr. (Davie Campus)	July 23 – 27	M – TH, 8:30 a.m. – 3:30 p.m., F 8:30 a.m. – 2 p.m.	\$150	1st – 4th
<input type="checkbox"/> STEM Robotics	July 30 – August 3	M – TH, 8:30 a.m. – 12:30 p.m., F 8:30 a.m. – 3 p.m.	\$125	5th – 8th
<input type="checkbox"/> Success in Saddles	June 18 – 22 July 16 – 20 August 6 – 10	<input type="checkbox"/> Mon – Fri, 9 a.m. – Noon <input type="checkbox"/> Mon – Fri, 9 a.m. – 3 p.m. <input type="checkbox"/> Mon – Fri, 9 a.m. – 3 p.m.	\$150 \$250 \$250	Pre-K – 1st 2nd – 5th 6th – 12th
<input type="checkbox"/> Summer Art Camp	August 6 – 10	Mon – Fri, 1 – 4:30 p.m.	\$125	6th – 12th
<input type="checkbox"/> Volleyball Camp	July 16 – 20 July 16 – 20 July 16 – 20	<input type="checkbox"/> Mon – Fri, 8 – 11 a.m. <input type="checkbox"/> Mon – Fri, 12 – 3 p.m. <input type="checkbox"/> Mon – Fri, 3:30 – 6:30 p.m.	\$99	1st – 4th 5th – 8th 9th – 12th
<input type="checkbox"/> Welding	July 30 – August 3	Mon – Fri, 8:30 a.m. – 12:30 p.m.	\$125	9th – 12th
<input type="checkbox"/> YOUTHpreneur	June 18 – 22	Mon – Fri, 8:30 a.m. – 3:30 p.m.	\$75	9th – 12th
<input type="checkbox"/> Young Artists Discovery	August 6 – 10	Mon – Fri, 8:30 a.m. – Noon	\$125	3rd – 5th
<input type="checkbox"/> Zoo & Aquarium Science	June 18 – 22	Mon – Fri, 8:30 a.m. – 3:30 p.m.	\$200	4th – 7th

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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.**

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

Liability Waiver & Photographic Consent

I hereby register my child/children to participate in the summer camp program at Davidson County Community College. I hereby release Davidson County Community College, including employees, members of the Board of Trustees, contracted personnel, volunteers and any other affiliates from any and all liability for all injuries or damages suffered by my child/children while participating, preparing to participate or otherwise engaged in activities connected with this program.

The undersigned agrees to assume all risks, and recognizes that despite the exercise of reasonable safety precautions by Davidson County Community College, injury is possible whenever one engages in physical activity.

If any emergency arises, I/we authorize emergency treatment or hospitalization when deemed necessary by college personnel.

I/we hereby authorize Davidson County Community College to show and reproduce the name, photographs, pictures, and video taken of my child(ren) for the purpose of promoting the college, its curriculum, and enrichment programs.

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, Liability & Photographic Consent, 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**