



Registration Form

Please Note: A new registration form must be filled out for each child participating.
 Questions about our camps? Please call Lisa Long at 835-4241.

Student's Name: _____ Age: _____ Date of Birth: _____

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Parent/Guardian Phone: () - () - _____ Parent/Guardian Phone: () - () - _____
(Work) (Cell) (Work) (Cell)

Mailing Address: _____
(City) (State) (Zip)

In Case of an Emergency: _____ Phone: () - _____

Any health problems or allergies? _____

Any medications to be taken during camp? _____

Limitations? _____

MY CHILD MAY BE RELEASED TO THE FOLLOWING PEOPLE

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

MAIN CAMPUS: PLEASE FILL IN THE CAMP(S) YOU CHOOSE TO ATTEND

(One registration form per child. If your child is registering for multiple camps, please indicate all that apply below):

Class Title	Section # <small>(for office use only)</small>	Date/Time	Fee
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Fees Due: _____

(see reverse side)

MEDICAL RELEASE

In the event of an emergency or non-emergency situation requiring medical treatment, I understand every effort will be made to try and contact the parents or guardians of the injured student. If I cannot be reached, I hereby give permission to the physician selected by the college to secure proper treatment for my child, _____.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Contact Telephone Number(s): _____

PHOTO RELEASE FORM

During camp activities, photos and/or videos are taken. They may be used for future camp publicity in Tri-County Community College publications, newspaper articles, or on our college web-site. Not all children are photographed, and of those who are photographed, not all will necessarily be featured in print or online.

Please indicate below whether or not your child has permission to be included in the photos or videos. However this is no guarantee that your child's photo will be used. Please complete the form below by initialing one of the lines, then sign and date it to indicate whether or not your child may be photographed during activities and whether those photos may be used in publicity materials.

Child's Name: _____

_____ Yes, my child named above may be photographed.

_____ No, my child named above may not be photographed.

Parent/Guardian Signature: _____ Date: _____

DISRUPTIVE BEHAVIOR POLICY

We are happy to have your child(ren) participating in our summer camp. While we want the children to have fun and enjoy our summer offerings, there is a particular behavior that is expected of them. We cannot have children misbehaving and disrupting the learning and participation of other students within the classes. Please read and sign below indicating that you understand and agree with this policy.

1.Children who are being disruptive will be asked by instructors and/or staff to behave.

2.If the disruptive behavior continues, a staff member will inform the parent/caregiver that the child is disturbing others, the child will be removed from class, and the parent/guardian will be asked that the child be picked up by themselves or other authorized individuals.

I understand and will comply with the above stated policy.

Parent/Guardian Signature: _____ Date: _____