

SUMMERS@SCC CAMP REGISTRATION FORM

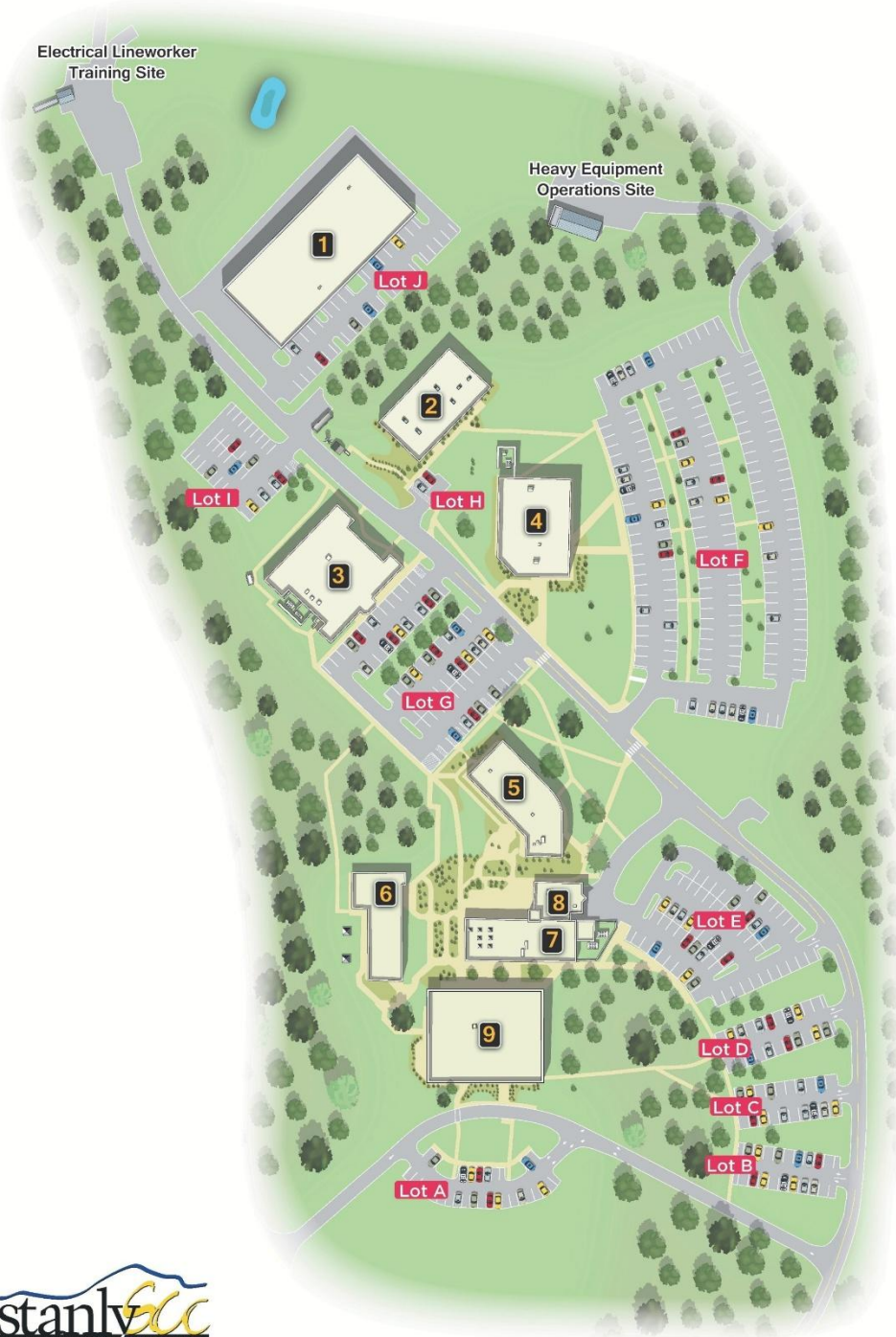
Camper Name:	Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth: / /
Street Address:	City:	Zip Code:
Parent or Guardian:		
Cell Phone:	Home Phone:	Work Phone:
Email:		
School & Rising Grade Level:		
Other person(s) authorized to pick up camper other than parent/guardian listed above (must show photo ID at time of pick up):		

Camp Selection

<input type="checkbox"/> Python Programming (Whitley Building)	June 8-10	9 AM - Noon	\$40	Rising 6 th – 9 th
<input type="checkbox"/> Python Programming (Whitley Building)	June 15-17	9 AM - Noon	\$40	Rising 10 th – 12 th
<input type="checkbox"/> Graphic Design (Whitley Building)	June 8-10	9 AM - Noon	\$40	Rising 10 th – 12 th
<input type="checkbox"/> Beauty by the Book (Morton Moffitt Cos. Building)	June 22-24	8:30 AM – 2:30 PM	\$80	Rising 6 th – 9 th
<input type="checkbox"/> Beauty by the Book (Morton Moffitt Cos. Building)	June 29-July 1	8:30 AM – 2:30 PM	\$80	Rising 6 th – 9 th
<input type="checkbox"/> Trades Camp (Brown Building)	July 13-16	9 AM – Noon	\$60	Rising 6 th – 9 th



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Crutchfield Education Center
102 Stanly Parkway, Locust, NC 28097



Automotive Programs
141 College Drive, Albemarle, NC 28001



141 College Drive, Albemarle, NC 28001

- | | |
|-------------------------------------|--|
| 1 Brown Building | 7 Webb Student Center |
| 2 Morton-Moffitt Cosmetology Center | 8 Bookstore |
| 3 Whitley Technology Center | 9 Patterson Building/Dennis Community Room/Eagle's One-Stop |
| 4 Snyder Building/Library | 10 Automotive Programs |
| 5 Eddins Building | Small Business Center - 143 North 2nd Street, Albemarle, NC 28001 |
| 6 Kelley Building/Dennis Auditorium | Law Enforcement Training Center - 1503 West Main Street, Albemarle, NC 28001 |

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Emergency Medical Information

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

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

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 healthcare provider.

Parent's/Guardian's Signature

Date

Medications

<i>Medication</i>	<i>Strength/Frequency</i>	<i>Reason for Taking</i>
<i>Medication</i>	<i>Strength/Frequency</i>	<i>Reason for Taking</i>
<i>Medication</i>	<i>Strength/Frequency</i>	<i>Reason for Taking</i>

Camper self-administration of the above medications is approved by _____
Parent's/Guardian's Signature
Date

Do you want to inform SCC of any particular needs of your camper, such as medical or behavioral health needs? SCC provides accessible programming for people with disabilities. Do you recommend your camper be offered any reasonable accommodations to assist your camper to have an enjoyable experience?

**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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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 that 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, reactive 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 authorization contained herein and agree to the camp policies as stated above. I agree to release Stanly 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



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Liability Waiver & Photographic Consent

I hereby register my child/children to participate in the summer camp program at Stanly Community College. I hereby release Stanly Community College, including employees, member 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 Stanly 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 Stanly Community College to show and reproduce the name, photographs, pictures and video taken of my child/children for the purpose of promoting the College, its curriculum, and enrichment programs.

Camper's Name

Parent's/Guardian's Signature

Date

For Cosmetology Camp ONLY: Please acknowledge, as part of the final camp day, campers will have the opportunity to receive a hair styling of their choice from our students. Campers wishing to receive cuts or coloring will need to speak with the camp leader beforehand. (color treatments may include a small supply cost).

Parent's/Guardian's Signature

Date



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Payment Information

Camper's Name

Two Ways to Register

- 1. In Person:** Bring your registration form and payment (cash, check or credit card) to:

Stanly Community College
Business Office, Patterson Bldg., First Floor
141 College Drive
Albemarle, NC 28001

- 2. By Phone:** Call 704-991-0228 with your credit card information. Our customer service representative will walk you through the process.

For questions about camp, please contact the Camp Office:

Phone: 704.991.0124 / Email: cpayne6806@stanly.edu

