

# 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 July 10 – 14	<input type="checkbox"/> Session 1: Mon – Fri, 8:30 a.m. – 3:30 p.m. <input type="checkbox"/> Session 2: Mon – Fri, 8:30 a.m. – 3:30 p.m.	\$150	1st – 4th
<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. <input type="checkbox"/> Session 2: Mon – Fri, 11 a.m. – 2 p.m. <input type="checkbox"/> Session 3: Mon – Fri, 3 – 7 p.m.	\$99	1st – 4th 5th – 8th 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](http://DavidsonCCC.edu/camps)

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[www.DavidsonCCC.edu](http://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.

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*Camper's Name*

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*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**

**DCCC**  
THE COLLEGE OF  
DAVIDSON AND DAVIE COUNTIES

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