



The Peninsula's Community College

# 2019 Application for Thomas Nelson Historic Triangle Summer Tech Camp

## Camper Information

Name <input type="text"/>		Date of Birth <input type="text"/>	Ethnicity <input type="text"/>
Address <input type="text"/>		Gender <input type="text"/>	Grade in Fall 2019 <input type="text"/>
City <input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>	School Attending in Fall 2019 <input type="text"/>
Preferred Name on Camper Badge <input type="text"/>			
Parent/Guardian Name <input type="text"/>		Relationship to Camper <input type="text"/>	
Cell Phone# <input type="text"/>	Other Phone# <input type="text"/>	E-mail <input type="text"/>	
Other Emergency Contact <input type="text"/>		Relationship to Camper <input type="text"/>	
Cell Phone# <input type="text"/>	Other Phone# <input type="text"/>	E-mail <input type="text"/>	
Does the Camper qualify for Free/Reduced Lunch? <input type="text"/>		Camper attended this camp in the past? <input type="text"/>	
What is the camper's experience with Robotics/Coding? <input type="text"/>		How will camper get to and from the camp? <input type="text"/>	

## Safety and Health Information

Does the camp participant have any medical conditions, allergies, or special needs? If yes, please explain.

Does the camp participant have any behavioral or emotional issues? If yes, please explain.

Is the camp participant taking any medications to treat these conditions? If yes, please explain.

**Photo/Media Release:** I grant permission to Thomas Nelson Community College to use photographs of the camp participant for promotional purposes, including all marketing and communication materials designed by the college.

**Parent/Guardian Signature:**

**Date:**

**Participant Release and Hold Harmless Agreement:** Summer camp participants may be transported to and from the camp. Summer Camp participants may be involved in various hands-on activities that will involve the use of computers and robotics kits. All activities require the complete attention and responsibility of the participant, either individually or as a part of a group. Many of these activities involve possible risks including injury or property damage. By signing below, on behalf of the above named participant, I agree to waive, release and discharge any and all claims for damages that may happen as a result of transportation to and from the camp or participation in the camp. In the case of any emergency, the camp staff has my permission to transport the camper to the closest hospital for emergency treatment.

**Parent/Guardian Signature:**

**Date:**