



Summer Learning Adventures Camps/Classes Student Information and Consent Form

Please complete all information, sign and return this form before June 19, 2009.

Mail or Fax to:
Summer Learning Adventures Camp
7201 Rossville Blvd., Suite L-129
Baltimore, Maryland 21237
Fax: 410.686.9564

The information in this statement is confidential for use within this department only.

Student Name: _____
 Age: _____ Birth date: _____ Gender: Male Female
 Student's Home Address: _____ County: _____
 Parent or Legal Guardian: _____
 Daytime Phone: _____ Cell Phone: _____ Email: _____

Emergency contact info: Person to contact in the event of an emergency

Name: _____ Daytime Phone: _____ Relationship: _____
 Name: _____ Daytime Phone: _____ Relationship: _____

Please list authorized individuals to pick up your child ~ All persons must have I.D. and permission:

Name: _____ Daytime Phone : _____ Relationship: _____
 Name: _____ Daytime Phone : _____ Relationship: _____

**Health information
for the student**

Physician or HMO _____ Phone: _____
 Dentist or HMO _____ Phone: _____

Please list health or medical conditions, psychological conditions, behavioral conditions, dietary restrictions, allergies, asthma or special needs: _____

Is your child allergic to insect bites? _____

Date of last tetanus or DTP shot*: ____/____/____ **This date must be completed*

List current medication(s) dosage/times: _____

List any side effects: _____

List any other concerns: _____

Is student enrolled in a Maryland School? **YES** ____ **NO*** ____

*(If no, please provide full immunization record)

Are you exempt due to religious or medical reasons: **YES** ____ **NO** ____

Please Note: Student will be transported to Franklin Square Hospital if injured

MEDICATIONS

Students who take medication in the "24-hour period" must have a Physicians Medication Order Form completed by his/her health care provider. Any "Over the Counter" preparations/medications for cough/cold, headache, etc., must be included on the Physician's Medication Order Form. We are asking that you let us know if your child takes medication by listing the medications and dosage/times. By sharing this information, staff will be able to assist you as necessary in planning for your child's camp experience.

If medications needs to be administered during the camp hours, all medication must be kept in the pharmacy-labeled container or original packaging and brought to the Program Director upon arrival. Any medication left over will be returned to you.

Sunscreen, insect repellent, etc. must be applied to student before arriving to camp.

NOTICE OF PHOTOGRAPHY IN PUBLIC AREAS OF CCBC

The CCBC campuses and extension centers are public places. As public places, CCBC is permitted to take photographs and other media* of individuals on its campuses, extension centers, and /or its other sites, including, but not limited to outside areas, classrooms, offices, and other media, cafeterias, athletic fields or at college events without the permission of the individuals who appear in these photographs. These photographs may be used by CCBC in any reasonable manner including, but not limited to CCBC publications, advertisements and/or posted on its website.

* Other media to include but not limited to CD, DVD, film, broadcasting/cable casting, digital and analogue media, and streaming media.

Attendance and Dismissal Policy

1. Each student must arrive promptly, attend all sessions, participate in all required activities, and remain in the assigned location at all times. Each student must recognize that he/she is under the authority of the instructors, camp directors, and site coordinators. No one is to leave the classroom or campus without permission
2. For early dismissal, parents must contact program coordinator and pick up child at designated location.
3. Parents should not leave their child on campus earlier than 10-minutes prior to the start of the class/extended hours. There is no supervision for your child prior to this time; parents take full responsibility for their child's behavior and safety.
4. Students **not** submitting complete information on this form **will not** be allowed to attend the Summer Learning Adventures Camp/Classes.
5. **Do not bring** chewing gum, iPods, MP3 players, laptops, CD's/DVD's, electronic devices, knives, firearms, matches, lighters, or expensive cameras. Cell phones must not be used in classrooms; they must be turned off or set on vibrate.
6. Student(s) must be Dropped Off/Picked-up promptly before and after their class/extended hours in the area in front of the N-Building. **There will be a \$20 late fee for every 15 minutes of lateness.**

Failure to abide by the rules and guidelines of the Summer Learning Adventures Camp/Classes may result in the following actions.

- Conference with student
- Conference with parent/guardian
- Dismissal (without refund) from the program

THE COMMUNITY COLLEGE OF BALTIMORE COUNTY ~ RELEASE OF LIABILITY

THIS IS A RELEASE OF LEGAL RIGHTS ~ READ AND UNDERSTAND BEFORE SIGNING

Name of Student: _____

Course Title: Summer Learning Adventures Camp/Classes

Location [circle site(s)]: CCBC Essex, Catonsville, Dundalk, Owings Mills

Instructor: Camp Director, Nurse, Faculty, Counselors, and Staff

I, _____ am at least 18 years of age or if am younger than 18 my legal guardian has read and signed this Release in the space designated below.

In consideration of enrollment and participation in the course identified above (the "Summer Learning Adventures Camp/Classes"), I, or if applicable my legal guardian(s) release, waive, forever discharge and covenant not to sue the Community of College of Baltimore County (the College), the Board of Trustees of the College, trustees, officials, employees or agents of the College (the Releasees") from and against any and all liability from any harm, injury, damage, claims, demands, action, causes of action, costs, including reasonable attorneys' fees, and expenses of any nature which I may have or which may hereafter accrue to me, arising out of, or related to any loss, damage, or injury, that I may sustain related to my participation in the Course/Camp.

I, or if applicable my legal guardian, have fully read this Release and understand what it means.

This Release shall be effective on the date it has been signed by me, and if applicable, my legal guardian.

DATE: _____ **STUDENT:** _____

I (a) am the parent or legal guardian of the above student; (b) have read the foregoing Release; (c) am and will be legally responsible for the obligations and acts of the student as described in this Release, and (d) agree for myself and for the student to be bound by its terms.

DATE: _____ **PARENT/LEGAL GUARDIAN:** _____

GENERAL WAIVER and CERTIFICATIONS

I approve of my child's enrollment in the Summer Learning Adventures Camp/Classes and I will take full responsibility for ensuring that he/she complies with appropriate student behavior guidelines. Parent/Guardian will be contacted by our staff following disruptive and inappropriate behavior, which may result in dismissal from the camp without refund.

I certify the information on this forms to be true and correct to the best of my knowledge. I understand that it is my responsibility to notify the Camp Director of any changes in the information contained in this application. I certify that my student and I will follow all rules and guidelines listed in this form.

Parent/Guardian Signature

Date