



NASH COMMUNITY COLLEGE CONTINUING EDUCATION

P. O. Box 7488 • Rocky Mount, NC 27804-0488 Office 252-451-8216 • Fax 252-451-8451

2019 SUMMER CAMP REGISTRATION FORM

Class/Camp Title _____ Start Date _____ Class/Camp Number _____

ADDITIONAL Camp(s) _____

BIRTH DATE ____ / ____ / ____ NCC STUDENT ID # _____ Receipt Number _____

Last Name _____ First Name _____ Middle Name _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ County _____

Cell Phone _____ Email Address _____

Ethnic: Hispanic/Latino Non-Hispanic/Latino

Race: American/Alaskan Native Asian Black/African American Hawaiian/Pacific Islander White

Gender: Male Female

Employment: If you are 14+ years old, are you employed? Yes / No Full-Time Part-Time: Hours per week: _____

Job Title (If 14+ years old & employed) _____ Employer _____

For 2018-2019 school year, did you receive free or reduced lunch? (Circle One) _____ YES _____ NO _____

Education Level: Highest Grade Level Completed as of JUNE 2019 _____

Student/Parent/Guardian Signature _____ Today's Date _____

_____(Parent Initial) I understand SUMMER CAMPS are SELF-SUPPORTING and the Registration Fee is NON-REFUNDABLE unless the camp cancels due to low registration.

Cash Check Visa Mastercard Discover American Express

Registration Fee Amount Paid \$ _____

Print Card Holder Name _____

Card Holder Signature _____

Nash Community College does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs and activities. The following has been designated to handle inquiries regarding the non-discrimination policies: ADA Counselor • 522 N Old Carriage Road • Rocky Mount, NC 27804 • 252-451-8260. For further information on notice of non-discrimination see, <http://wdcrobcopl01.ed.gov/CFAPPS/OCR/contactus.cfm> for a list of addresses and phone numbers for Office for Civil Rights locations that serve your area, or call 1-800-421-3481. Nash Community College is an Equal Opportunity Affirmative Action College and accommodates the needs of individuals with disabilities.

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Credit Card Number _____

Security Number on Back _____ Expiration Date: _____



**Nash Community College Continuing Education
2019 SUMMER CAMP STUDENT INFORMATION FORM**

Preregistration Requirements Include:
Continuing Education Registration Form
Student Information Form

Release Waiver & Medical Treatment Form
Photography/Video Release Form and
Behavior Management Policy

Please bring ALL FORMS to the Continuing Education Department or mail them to Nash Community College Continuing Education, P.O. Box 7488, Rocky Mount, NC 27804. Continuing Education offices are located on the second floor of the Continuing Education Building. All forms and camp fee are required before the student may participate in 2019 Summer Camp(s).

*** MORNING DROP-OFF TIME: 8:45 am – 9:00 am AFTERNOON PICK-UP TIME: Within 15 minutes of camp end time**

***Drop-off and Pick-up in the classroom each day. Parent/Guardian signature required**

Summer Camp(s): _____

Student Name: _____ Home Phone: _____

Home Address: _____ City: _____ Zip Code: _____

Mother's Name: _____ Work Phone: _____

Mother's Cell Phone: _____ Email Address: _____

Father's Name: _____ Work Phone: _____

Father's Cell Phone: _____ Email Address: _____

Family Physician: _____ Phone Number: _____

In the event of an emergency, if unable to contact parent(s) or guardian, please contact:

Name: _____ Contact Number: _____

Name: _____ Contact Number: _____

Please list the names of people with whom your child may leave the campus for daily pick-up. If no names are listed, your child will only be allowed to leave with a parent. A photo ID may be required from anyone picking up a child. **FOR SAFETY PURPOSES, STUDENTS MAY BE PICKED UP FROM CLASSROOM ONLY.**

1.

2.

3.

Does your child have any food allergies? If yes, please list them:

Please list any medications your child may need to take while attending a summer camp:

Does your child have any insect allergies? If yes, please list them:

Does your child have any health concerns the Instructor needs to be aware of? If yes, please list them:



2019 SUMMER CAMPS

**RELEASE AND HOLD HARMLESS AGREEMENT
AND CONSENT FOR MEDICAL TREATMENT**

STATE OF NORTH CAROLINA
COUNTY OF NASH

STUDENT NAME (PLEASE PRINT)

See camp Registration Form
ADDRESS

As part of attendance and/or participation in a 2019 SUMMER CAMP(S) offered by Nash Community College (NCC), I hereby agree as follows:

1. I acknowledge that my child's participation in a Summer Camp is decided by me, the parent/guardian. I understand that I have voluntarily chosen to allow my child to participate in a Summer Camp at Nash Community College, 522 N. Old Carriage Road, Rocky Mount, NC 27804.
2. I voluntarily assume full responsibility for any risk of loss, damage, or personal injury, including death, and for any property damage that may be sustained as a result of my child participating in a Summer Camp. I further agree to indemnify and hold harmless, and forever discharge Nash Community College, its Trustees individually, its Board of Trustees, its officers, its employees and agents, and those acting in concert with them all in their individual and employee/official capacities, from any and all liability, claims, demands, costs, expenses incurred on my behalf whether for medical treatment or otherwise during my child's participation, actions and causes of action whatsoever arising out of or related to any loss, property damage, or personal injury including death, that may be sustained, or to any property belonging to my child, while participating in a Summer Camp. In addition, I hereby waive any and all claims against Nash Community College, the Board of Trustees, the faculty, the staff, or other agents for any expenses or losses due, damage, or loss of my child's belongings brought on campus during a Summer Camp. This release and hold harmless agreement is binding on my heirs, my assigns, personal representatives and me.
3. I understand that I am financially responsible for my child's medical expenses. I understand that my child will have limited medical coverage under Nash Community College's Student Insurance Program. I also understand that Nash Community College is not responsible for any medical or legal costs incurred and that Nash Community College advises that all Summer Camp participants have medical insurance coverage for the duration of the Summer Camp.
4. In the event my child becomes ill or is injured, and Nash Community College is unable to reach parent(s)/guardian(s) at the phone number(s) provided, I hereby authorize Nash Community College and/or its agents to obtain emergency or other medical treatment for my child as deemed necessary by medical professionals, including administration of an anesthetic or other medication and surgery, and I hereby assume the cost of such treatment. I understand that NCC faculty and its agents are not trained medical professionals. I understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority on the part of Nash Community College to seek, obtain, and consent to medical treatment on my child's behalf under the conditions described above. A copy of this release and hold harmless agreement shall have the same force and effect as the original.
5. I acknowledge and agree that this release and hold harmless agreement shall be construed in accordance with the laws of the State of North Carolina, which shall be the forum for any lawsuits filed under or incident to this agreement. The terms and provisions of this agreement shall be severable such that if a court of competent jurisdiction holds any term to be illegal, unenforceable or in conflict with any law governing this agreement, the validity of the remaining portion shall not be affected thereby.
6. I acknowledge that I have read and understand the Release and Hold Harmless Agreement and Consent for Medical Treatment.
7. I acknowledge that I am the parent / guardian of the child noted above and am fully competent to sign this agreement.

PARENT/GUARDIAN (PRINT)

PARENT/GUARDIAN SIGNATURE

DATE



2019 SUMMER CAMPS

PHOTOGRAPHY & VIDEO RELEASE: I, the undersigned, DO / DO NOT (Please circle one) hereby assign to Nash Community College absolutely the copyright and/or right to copyright such photographs and/or video taken of my child during his/her attendance in a 2019 Summer Camp(s), and the right of reproduction thereof for use by the College in whatever manner Nash Community College in absolute discretion thinks fit, including the right of necessary retouching and tinting or work up for reproduction purposes. I understand that I have voluntarily allowed my child's photograph and/or video to be made, and that I, nor my child will receive payment for posing or for allowing our photographs and/or video to be reproduced.

BEHAVIOR MANAGEMENT POLICY

Thank you for allowing your child(ren) to attend and participate in Nash Community College's 2019 Summer Camps Program. Our highest priority is your child's safety and we want their experience to be fun and educational, as well as safe.

Nash Community College Summer Camp Instructors, Assistants, and Staff are committed to positive reinforcement for good behavior and careful explanation and direction for inappropriate behavior. When applicable, the Camp Instructor, Assistant and/or Staff will give a child opportunity to correct inappropriate behavior. A child's continued participation in Nash Community College's Summer Camp(s) partly depends on his/her behavior. Please take time to talk with your child about the information listed below.

INAPPROPRIATE BEHAVIORS:

- Repeated disrespect for Camp Instructor, Assistant, and/or Staff.
- Repeated display of unwillingness to follow instructions and/or rules.
- Behavior that jeopardizes the safety of self or others.
- Behavior that disrupts or interferes with Summer Camp activities.
- Theft, misuse, or abuse of college property or personal property of others.
- Leaving the classroom or other designated area without permission of Camp Instructor, Assistant, or Staff.

CONSEQUENCES FOR INAPPROPRIATE BEHAVIOR:

- The student will be given the opportunity to correct the behavior.
- If behavior persists, a parent/guardian will be contacted that day.
- If behavior is recurring, the parent will be contacted to pick the child up that day.
- If behavior is unchanged after all the above, the parent will be contacted to meet with the Camp Coordinator that day.

PRINT Child Name _____

PRINT Parent/Guardian _____

Parent/Guardian Signature _____

Date _____

Address, City & State: _____ SEE CAMP REGISTRATION FORM

Phone Number: _____ SEE CAMP REGISTRATION FORM

Nash Community College Campus Map

Rev. 4/17/15

