

**CAMPER INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

Camper lives with:  Both Parents  Mother  Father  Mother & Step-Father  Father & Step-Mother  
 Grandparents  Other: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Last four of Social Security #: \_\_\_\_\_

Allergies: \_\_\_\_\_ Medical Alerts: \_\_\_\_\_

Daily Medications: \_\_\_\_\_ Doctor's Treatment Plan Provided:  Yes  No

**PARENT/GUARDIAN #1 INFORMATION:** *(This is the individual who will be responsible for all financial matters)*

Mother  Father  Step-mother  Step-father  Grandmother  Grandfather  
 Other: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Best contact number:  Home  Cell  Work

Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

*(Employer will be contacted if neither Parent/Guardian #1 or Parent/Guardian #2 can be reached in an emergency)*

**PARENT/GUARDIAN #2 INFORMATION:**

Mother  Father  Step-mother  Step-father  Grandmother  Grandfather  
 Other: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Best contact number:  Home  Cell  Work

Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

*(Employer will be contact if neither Parent/Guardian #1 or Parent/Guardian #2 can be reached in an emergency)*



Owens Campus | 21179 College Drive | Georgetown, DE 19947

**ADDITIONAL EMERGENCY CONTACTS (Not Parents/Guardian) AND AUTHORIZED PICK-UP INFORMATION**

**#1**

Emergency Contact    Authorized drop-off and pick-up

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Step-mother    Step-father    Grandmother    Grandfather    Aunt    Uncle    Sister    Brother

Family Friend    Other: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Best contact number:  Home    Cell    Work

**#2**

Emergency Contact    Authorized drop-off and pick-up

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Step-mother    Step-father    Grandmother    Grandfather    Aunt    Uncle    Sister    Brother

Family Friend    Other: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Best contact number:  Home    Cell    Work

**#3**

Emergency Contact    Authorized drop-off and pick-up

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Step-mother    Step-father    Grandmother    Grandfather    Aunt    Uncle    Sister    Brother

Family Friend    Other: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Best contact number:  Home    Cell    Work



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**Camp Authorization Form**

**Camper's Name:** \_\_\_\_\_

Due to state of Delaware Public Health requirements, we are mandated to have on file current immunization records for all campers attending our camp. You must provide a photocopy of your child's immunization record that indicates they are up to date on the following immunizations:

- **Diphtheria • Rubella • Measles • Tetanus • Mumps**

(Please print) I, \_\_\_\_\_ hereby give my consent to Delaware Technical Community College, who will be caring for my child, to arrange for emergency/medical/surgical/dental care and treatment (including diagnostic procedures) necessary to preserve the health of my child. I acknowledge that I am responsible for all reasonable charges in connection with any care and treatment rendered.

**Medical Instructions**

If it is necessary for your child to receive medication during camp, please do the following:

1. You **MUST** have a Pre-Camp meeting with Camp Management to discuss any maintenance drugs that are to be administered during camp. These meetings are not required for a child who will be receiving medication for a one time ailment (i.e. ear infection, sinus infection).
2. Send medication in the original container (as dispensed by pharmacy with date) properly labeled with the following information:
  - Correct name of individual receiving medication
  - Time medication is to be taken
  - Amount of dosage individual is to receive

**Authorization for Camp(s) and Extended Care**

- I understand that Delaware Technical Community College will not assume responsibility for accidents and/or medical or dental expenses received as a result of participation in the camp/s.
- I give permission to Delaware Technical Community College to dispense the medication(s) listed on the Medication Administration Form, if any, to my child according to the information provided above. In the event that the emergency contacts cannot be reached, I hereby grant Delaware Technical Community College permission to give whatever immediate treatment is necessary and/or take my child to the nearest Hospital Emergency Room. On behalf of myself and my child, I release Delaware Technical Community College, its trustees, officers, faculty, and employees from any and all claims arising from emergency treatment and/or administration of medication with respect to my child.
- I understand that no reduction in the tuition will be made for late arrival or early departure.
- I understand that no part of my tuition will be returned if my child should be dismissed from camp.
- I give Delaware Technical Community College consent to use the name and/or photograph/video of my child for inclusion in promotional and informational and other materials which the College or its staff in its sole discretion consider to be of benefit to the College. This includes (but is not limited to) newspaper, television and brochures. I waive the right to approve such uses and I release Delaware Technical Community College from any liability in connection therewith.
- Permission is hereby granted for my child to attend all scheduled field trips and off-campus activities scheduled in connection with the camp. I understand and acknowledge that participation in the camp and related activities carries with it the possible risk of physical injury. On behalf of my child, I assume all such risk of physical injury and hereby release and forever discharge Delaware Technical Community College, its trustees, officers, faculty, and employees from any and all liability, claims, expenses or losses arising from bodily injuries or damage to people or property resulting from my child's involvement and participation in the camp. I further acknowledge and agree that I will be fully responsible for any and all losses or damages that my child inflicts upon any person or upon the College facilities during participation in the camp.
- Deposits: Any required deposit of your camp payment is considered a deposit to hold your child's camp seat. All deposits are non-refundable.
- Refund: If your child is unable to attend a camp in which he/she is enrolled, you may request a refund for any amount paid over and above the non-refundable deposit. You must make your request in writing to Workforce Development and Community Education, Kids on Campus via U.S. mail, or email at the address located at the bottom of the first (1) registration page. The request must be received by the close of business 10 days prior to the Monday that your child is scheduled to begin camp. Please note that refunds for payments made by check may take six to eight weeks to process.
- Transfer Policy: If your child is unable to attend a camp in which he/she is enrolled, you may request a transfer of the amount paid against that camp to another camp week that your child is not previously enrolled in, within the same camp season. You may not combine deposits to pay a balance for another camp week previously enrolled in. You must make your request in writing to Workforce Development and Community Education, Kids on Campus via U.S. mail, or email at the address located at the bottom of the first (1) registration page. The request for the transfer of a deposit must be received by the close of business 10 days prior to the Monday of the camp week that your child was scheduled to attend.

I have carefully read all of the information, policies and procedures above and in the camp booklet (and/or website) and I agree to all the terms and conditions. I am the legal guardian of the camper.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Off-Campus Activities Permission and Release Form**

*To Be Completed by the College:*

**Camp Date(s):** |  Summer Camp - 6/28/21 thru 7/30/21

**Details:** Variety of trips throughout Sussex County and surrounding areas. Details for each weekly trip to be distributed weekly to parents via Weekly Newsletter

**Camp Transportation:** Certified and licensed bus company/driver to be determined by the College.

*To Be Completed by Guardian:*

**Name of Child:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**List All Special Needs or Problems of Child Requiring Special Attention During Transportation Provided by the College for the Camp:**

\_\_\_\_\_  
\_\_\_\_\_

I, the undersigned parent or guardian of \_\_\_\_\_, (Print Name) hereby grant permission for my child to participate in all of the activities, including those occurring off of property owned or controlled by the College, scheduled for the camp. My permission extends to all activities listed on this form or which may occur during the course of the camp. My permission includes the transportation listed above as provided by the College unless I have indicated otherwise on this form. In the event that I have chosen to arrange my child's transportation to and from the camp, I acknowledge that the College, its employees, agents, and trustees, have no liability arising out of and from the transportation of my child to and from these activities.

I further understand that all of the terms, conditions, and information contained in the Authorization Form as submitted by me on behalf of my child, including the assumption of the risks of camp activities, medical authorization, promotional authorization and such related releases of liability shall apply during my child's participation in the activities occurring off of property owned or controlled by the College scheduled for the camp as well as during the College's transportation of my child in conjunction with these camp activities.

**I HAVE CAREFULLY READ ALL OF THE INFORMATION ON THIS FORM AND VOLUNTARILY AGREE TO ALL TERMS AND CONDITIONS. I AM THE LEGAL GUARDIAN OF THE CAMPER AND UNDERSTAND THAT THE INFORMATION, TERMS, AND CONDITIONS CONTAINED ON THIS FORM SHALL SERVE AS A RELEASE AND ASSUMPTION OF LIABILITY FOR MY HEIRS, EXECUTORS, AND ADMINISTRATORS.**

Signature: (Mother, Father or Legal Guardian)

Date: