

REGISTRATION Form

ONE FORM PER PERSON

Participant's Name _____ SS# _____
Last First M.I.

Grade _____ Birth Date ____/____/____ Male Female Home Phone (____) _____
Home Address _____ City _____ State _____ Zip _____

T-shirt Size: Youth S M L Adult: S M L XL XXL **See emergency form for alternate emergency contact information.**

Main Campus Camps

Basketball Camp

__ SPORT 724-81 July 6-10 9am-Noon Grades 4-6
__ SPORT 724-82 July 6-9 9am-Noon Grades 7-9

Volleyball Camp for Girls

__ SPORT 726-81 July 13-17 9-11:30am Grade 5-7
__ SPORT 726-82 July 13-16 12:30-4pm Grades 8-10

Soccer Camp

__ SPORT 727-81 June 22-26 10am-Noon Grades 4-6

Commando Boot Camp

__ SPORT 734-81 June 15-19 10am-Noon Grades 5-12

Cooking Camp

__ CSM 710-81 July 6-10 9:30-11:30am Grades 3-6
__ CSM 710-82 July 13-17 9:30-11:30am Grades 7-10

Theater Camp

__ THEA 701-81 July 20-31 9am-1pm Grades 5-12

Magic Camp

__ THEA 702-81 July 20-24 1:30-4:30pm Grades 3-12

Technology Camp

__ ELEC 720-81 July 27-31 9am-1pm Grades 5-7
__ ELEC 720-82 July 27-30 1-4:00pm Grades 8-10

Photography Camp

__ PHOTO June 22-25 1-3:30pm Grades 8-12

Whitman Center Camps – Temperance

The following three camps are held MCCC's Whitman Center, located at 7777 Lewis Avenue in Temperance, Michigan.

Art Camp

__ ART 755-91 July 27-31 9am-Noon Grades 4-6

Cyber Camp

__ MICRO 809-91 July 6-10 9am-Noon Grades 6-8

Robo Camp

__ ELEC 716-91 July 13-17 9am-Noon Grades 6-8

Each session must have a minimum number to run. MCCC reserves the right to make changes to this schedule as deemed necessary.

Amount Enclosed \$ _____ Cash Check/Money Order (Payable to MCCC) Visa MasterCard Discover

Visa/MasterCard/Discover # _____ Exp. Date _____

Return registration form and signed Emergency Information/Release of Liability Waiver to:

Monroe County Community College • Office of Lifelong Learning • 1555 S. Raisinville Rd. • Monroe, MI 48161

Main Campus (734) 384-4127/1-877-YES-MCCC, ext. 4127 • Fax (734) 384-4190 • Whitman Center (734) 847-0559

EMERGENCY INFORMATION AND RELEASE OF LIABILITY WAIVER

For safety reasons, completed emergency information and a signed release of liability must be on file with the Office of Lifelong Learning prior to the start of camp. Monroe County Community College reserves the right to prohibit a child from attending camp if this form is not on file with the Office prior to the start of any camp.

Child's Name _____ Grade _____ Date of Birth _____

Father or Legal Guardian _____ Phone # while child is in camp _____

Address if different from student _____

Mother or Legal Guardian _____ Phone # while child is in camp _____

Address if different from student _____

Name of person (if other than parent/legal guardian) who will be dropping off and picking up your child from camp each day: _____

Important: We ask that you please walk your child to and from the check-in point each day.

Please specify any medical information we should be aware of while your child is in our care, including any symptoms and precautions:

If special accommodations need to be arranged for your child, please contact the Office of Lifelong Learning at (734) 384-4127 at least one week in advance of the start day of camp. Monroe County Community College staff does not administer medications.

Release of Liability and Assumption of Risk for Camp Activities at Monroe County Community College:

I, the undersigned, as parent and/or legal guardian of the minor child named _____, acknowledge that all training activities carry with them the potential for bodily injury, property damage, personal injury and death.

As the parent/guardian of the minor child, I hereby grant permission for my child to participate in the above camp at Monroe County Community College ("College") and represent he/she is physically able to participate in camp activities and has not been advised otherwise by a medical professional. I acknowledge that College recommends we consult a physician to determine our child's fitness to participate in this camp.

In consideration of my child's being allowed to participate in the camp, I, for myself, my child, our heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue Monroe County Community College, its elected and appointed officials, employees, students, agents and volunteers ("Releasees") from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature that I may have or that may hereafter accrue to me, or my child, arising out of or related to any loss, damage, or injury, including but not limited to suffering and death, that may be sustained by me or by any property belonging to me, whether caused by the negligence or carelessness of the Releasees, or otherwise, while I am in, on, upon, or in transit to or from the premises where the Activity, or any adjunct to the Activity, occurs or is being conducted. I further agree to save and hold harmless, indemnify, and defend Releasees from any claim by me or my spouse, family, estate, heirs, administrator(s), personal representative(s), or assigns arising out of my child's participation in the Activity.

In the event of illness or injury, I hereby authorize the staff members of the camp to obtain assistance from doctors, nurses or athletic trainers for medical, surgical or any other appropriate treatment for the my child. Furthermore, I grant permission and consent for the attending physician to provide any medical or surgical treatment, which, in the physician's professional opinion, is deemed and necessary. If medical/surgical care is obtained, we will not hold the college, its elected and appointed officials, employees, students, agents and volunteers responsible or liable for the judgment of and/or treatment by the physician or for any medical, dental or other health expenses incurred as a result of my child's stay at camp.

I attest that I am the parent and/or legal guardian of the child named above and of legal age to sign this form as a binding legal document in accordance with its intention.

I have carefully read this release of liability and fully understand its contents and agree to assume all risk of injury associated with activities for said minor child at Monroe County Community College. I agree not to make a claim against Monroe County Community College if he/she is injured while engaged in activities, and/or while using equipment, and/or while using College facilities. I sign this agreement of my own free will.

Parent's Signature

Date