



BBCC Summer Camps #Serious Gaming: Search & Rescue July 16-20

It is our goal to make the registration process simple and smooth. However, there is certain information we must collect for the safety of your child and others participating in the program. Everything you need to register your child in a summer camp is included in this packet. A checklist is included below to outline the required forms.

Payment: \$175 per participant, must be paid in full by July 6th. First Come First Served. Your spot will be secured upon receiving the completed registration form, and paying the fee in full.

Cancellation Policy: 100 percent refund if canceled prior to July 6th. 50 percent refund if canceled less than 10 days before camp starts. If you have any questions about the information requested, please give us a call at 509.793.2425.

- ☐ Complete the **STUDENT INFORMATION** form (1 page)
- ☐ Complete the **STUDENT HEALTH INFORMATION** form (2 pages)
- ☐ Read and sign the **RELEASE AND CONSENT** form (1 page)
- ☐ Provide a **DOCTOR'S ORDER** for any medications (prescription AND over-the-counter) needed during camp times.

Should you need additional space for any of the required information, please attach a separate sheet of paper.

Please complete this registration form and submit by email to cbisinfo@bigbend.edu or mail to the address below:

The Center for Business & Industry Services
Big Bend Community College
7662 Chanute Street NE
Moses Lake, WA 98837

Student Information

Student Name: _____

Last	First	M.I.	Nickname
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Gender: ☐ Male ☐ Female Date of Birth: _____ Age: _____ Grade as of Fall 2018: _____

Home address: _____

Street	City	State	Zip
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Day phone: _____ Evening phone: _____

Student resides with: ☐ Both parents, full-time ☐ Mother ☐ Father ☐ Other: _____

Parent/Guardian Information

MOTHER/Legal Guardian

Name: _____

Employer: _____

Day Phone: _____

Mobile Phone: _____

Home Phone: _____

Step-parent Name: _____

Step-parent Day Phone: _____

E-mail address: _____

FATHER/Legal Guardian

Name: _____

Employer: _____

Day Phone: _____

Mobile Phone: _____

Home Phone: _____

Step-parent Name: _____

Step-parent Day Phone: _____

E-mail address: _____

Is there a joint-custody or parenting plan in effect? ☐ Yes ☐ No (if yes, documentation must be submitted)

Is there a restraining order in effect? ☐ Yes ☐ No (if yes, legal documentation must be submitted)

Additional Emergency Contacts

Name: _____ Day Phone: _____ Relationship to student: _____

Name: _____ Day Phone: _____ Relationship to student: _____

Name: _____ Day Phone: _____ Relationship to student: _____

Individuals authorized to pick up your child (I.D. must be presented)

Name: _____ Day Phone: _____ Relationship to student: _____

Name: _____ Day Phone: _____ Relationship to student: _____

Name: _____ Day Phone: _____ Relationship to student: _____



Student Health Information

This information will be provided to medical personnel should your child need emergency medical attention.

Student Name: _____
Last First M.I. Nickname

Is your child allergic to insect bites/stings? ☐ Yes ☐ Not to my knowledge

If yes, please explain: _____

Does your child have food allergies? ☐ Yes ☐ Not to my knowledge

If yes, please explain: _____

Does your child have other allergies (medicine, seasonal/environmental allergies, etc.)? ☐ Yes ☐ Not to my knowledge

If yes, please explain: _____

Does your child have a behavior disorder? ☐ Yes ☐ Not to my knowledge

If yes, please explain: _____

Does your child have asthma? ☐ Yes ☐ No

Does your child have diabetes? ☐ Yes ☐ No

Does your child experience seizures? ☐ Yes ☐ No

Date of last tetanus or DTP shot: _____

Please list and describe any other physical or behavioral conditions your child may have and/or experience: _____

List all current medication(s), including dosage and timing. Include prescription and over-the-counter medications.

Medication: _____ Dosage: _____ Schedule: _____

Purpose: _____

Medication: _____ Dosage: _____ Schedule: _____

Purpose: _____

Medication: _____ Dosage: _____ Schedule: _____

Purpose: _____

Please list any side effects from medications described above: _____

Student Health Information (continued)

This information will be provided to medical personnel should your child need emergency medical attention.

Student Name: _____
Last First M.I. Nickname

Students may not bring any medications, including inhalers, epi-pens and over-the-counter medication, **without a doctor's prescription/order**. BBCC staff and volunteers will NOT administer medications. Medications need to be administered by parents/guardians prior to arrival at camp. However, students may bring and self-administer asthma inhalers, epi-pens or other emergency medications. **A doctor's prescription/order must be submitted.**

☐ Parent/guardian will administer medications before student comes to camp.

☐ My child will be **self-administering** the following medications during camp hours (please include type, purpose and dosage):

Medications must be kept in the pharmacy-labeled container or original packaging.

Does your child have any activity limitations and/or restrictions? ☐ Yes ☐ No

If yes, please explain: _____

Physician: _____ Phone: _____ Facility: _____

Dentist: _____ Phone: _____ Facility: _____

The information provided on this form is complete and accurate to the best of my knowledge. I understand that it is my responsibility to notify the BBCC Summer Camp Coordinator of any changes in the information provided on this form. I understand that in the event of accident or illness, every effort will be made to contact a parent/guardian immediately. If parent/guardian cannot be reached, I authorize Big Bend Community College authorities or summer camp staff/volunteers to obtain emergency care for my child.

Parent/Legal Guardian Name: _____

Signature: _____ Date: _____



Student Name: _____
Last First M.I. Nickname

Image and Voice Recordings Consent

Big Bend Community College documents, through media, many college activities on and off campus. This documentation includes, but is not limited to, digital photographs, voice recordings and/or video or digital moving images. BBCC uses this media documentation for publication or promotional purposes. Images/video/recordings may be used in print media, newspaper, television, video, or on the BBCC website.

BBCC may also interview students/participants about their experiences at BBCC. The student/participant name may be cited when using interview comments in connection with BBCC publications or promotional pieces as described above.

Consent to use of student/participant images and recordings is NOT a condition of participating in college activities.

Consent can be revoked at any time upon notice to BBCC without any impact to the student/participant and their BBCC activities.

We AGREE to use of digital images or voice recordings as described above:

Parent/Legal Guardian Name: _____
(for participants less than 18 years of age)

Parent/Legal Guardian Signature: _____ Date: _____

Student/Participant Name: _____

We do NOT agree to use of digital images or voice recordings as described above:

Parent/Legal Guardian Name: _____
(for participants less than 18 years of age)

Parent/Legal Guardian Signature: _____ Date: _____

Student/Participant Name: _____

General Release and Consent

In consideration of authorization for my child to participate in the _____, I agree to hold Big Bend Community College harmless from any and all liability or action, as may be allowed by law, as a result of my child's participation in this program. I hereby specifically acknowledge there are or may be risk from the activities set forth above and agree that my child is physically able to participate in the activity. I specifically assume the risks associated with the activities above, included but not limited to any damages to my child that are inherent in the activities.

Child's Name: _____ Age: _____

Parent/Legal Guardian Name: _____

Signature: _____ Date: _____