

CyberSTEM Day Camp 2019

Raspberry Pi and Python Programming

High School Registration Form

July 15 – July 19

Date _____

ID _____

Official Use Only

Last Name _____ First Name _____

Street Address or P. O. Box _____

City _____ County _____ State _____ Zip _____

Home Phone# _____ Cell Phone # _____

School _____ Grade in Fall 2019 _____ Age _____

Date of Birth _____ Male Female T-Shirt Size: S M L XL

Parent/Guardian Information

Name _____

Home Phone _____

Work Phone _____

Email Address _____

Parent/Guardian Information

Name _____

Home Phone _____

Work Phone _____

Email Address _____

Emergency Contact #1

Name _____

Home Phone _____

Work Phone _____

Email Address _____

Emergency Contact #2

Name _____

Home Phone _____

Work Phone _____

Email Address _____

MEDICAL CONDITION INFORMATION

The health information is kept confidential and used by our health services staff (or emergency medical personnel). Every camper needs to complete the information to participate in any summer camp programs. Please fill out this information as completely as possible. In all cases, you will be contacted as soon as possible after the injury or illness occurs. Thank you.

Last Name _____ First Name _____ M F Age _____

Medical Condition _____ Symptoms _____

Appropriate Response _____

Medical Condition _____ Symptoms _____

Appropriate Response _____

Allergies (Food or other) _____

Parent/Guardian Signature _____ Date _____

Denmark Technical College promotes safety amongst all students and the College is monitored by 24 Hour Security. Any disciplinary problems will NOT be tolerated and will be handled on a case by case basis.



DENMARK
TECHNICAL COLLEGE

Institute Permission Form

I give my permission for _____ to take part in the CyberSTEM Day Camp at Denmark Technical College. This child, to the best of my knowledge, is in good physical condition and is capable of participating in program activities. I give my permission to the CyberSTEM Day Camp and Denmark Technical College staff and/or health services staff to administer proper medical assistance to the above named participant. I agree not to hold the CyberSTEM Day Camp and Denmark Technical College or any of their agents responsible in the event of injury to my child.

Parent or Guardian (Please Print)

Signature of Parent or Guardian

Date

Photography Consent Form/ Model Release for Minors

I, *(printed name)* _____, parent or official guardian of *(child's name)* _____ hereby grant permission to the CyberSTEM Day Camp and Denmark Technical College; its employees or representatives to take and use photographs, videotape and/or digital images of **my child** for use in promotional or educational materials as follows: printed publications, or materials, electronics publications or presentations and websites. I agree that my child's identity

- May be revealed**
 May NOT be revealed

in descriptive text or commentary in connection with the images(s). I authorize the use of these images indefinitely without compensation to me. All negatives, positives, prints, digital reproductions and videotapes shall be the property of Denmark Technical College.

Signature of Parent/Guardian

Date



DENMARK
TECHNICAL COLLEGE