

Tech Camp Registration Form

Students entering Grades 6-8 will explore their choice of eleven different Tech Camps at Nicolet College June 2017.

Please complete the registration and parent permission forms in their entirety.

Return completed forms by email or mail.

Email to:

lakeland@nicoletcollege.edu

Mail to:

Nicolet College
 Attn: Ce Registration
 PO box 518
 Rhinelander, WI 54501

For More information: Call 715.365.4544

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|----------------------------|------------------------|---------------------------|---|
| First Name _____ | MI _____ | Last Name _____ | Social Security # or Nicolet Student ID # _____ |
| Home Mailing Address _____ | City _____ | State _____ | Zip _____ |
| Phone: Home _____ | Alternate Phone: _____ | County of Residence _____ | Municipality of Residence (Township/Village/City) _____ |
| | | | Date of Birth _____/_____/_____ |

Gender: Male Female Email Address: _____ High school district in which you currently reside: _____

THE FOLLOWING INFORMATION IS FOR STATE REPORTING PURPOSES. INFORMATION PROVIDED WILL NOT INFLUENCE COURSE ADMISSION.

Ethnicity: Are you Hispanic or Latino (regardless of race)? Yes No **Highest Educational Grade Completed:** _____

Race: (Check all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

Highest Credential Earned:

- No Credential
- GED
- HSED
- HS Diploma
- Some College
- Short-Term Diploma
- 1-Year Diploma
- 2-Year Diploma
- Associate Degree
- Associate Degree + Additional Credential
- Baccalaureate
- More than Baccalaureate

| ✓ | Camp | Section | Date | Time | Fee | Total Fees |
|---|--|---------|-------------|--------------|--------------------|------------|
| | The Sound of Silence: Sign Language | 3118 | 6/26 – 6/30 | 9 am – 12 pm | \$100 | |
| | Rhythm Jamboree | 3119 | 6/26 – 6/30 | 9 am – 3 pm | \$175 | |
| | Be Ready for an Emergency | 3120 | 6/27 – 6/29 | 9 am – 3pm | \$105 | |
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| | | | | | Total Fees: | |

PAYMENT METHOD: Check/Money Order (Payable to Nicolet College)
 Master Card Visa Discover
 Card Account Number: _____
 Expiration Date: ___/___/___
 Verification Code: _____ (from signature line on back of credit card)
 Cardholder Signature: _____
 Payment must be included upon registration.

Tech Camp Youth Consent Form

TO THE PARENT OR LEGAL GUARDIAN:

Since your son, daughter, or ward will be under the age of 18 years while participating in a Tech Camp activity, it is our policy to secure your consent for the following circumstances:

- **MEDICINE DISTRIBUTION/MEDICAL DEVICES**

All prescription medications must be in a medicine bottle and labeled with the student's name, doctor's name and phone number, medication name, and dosage, and will be administered by Nicolet College staff. However, if you would like your student to be responsible for carrying and administering a limited amount of medication for life threatening conditions (i.e. bee sting kits, inhalers, etc.), please indicate below.

- **EMERGENCY MEDICAL TREATMENT**

By signing below you are giving your consent in advance for your student to receive medical treatment at an appropriate medical facility in case of illness or injury.

- **PHOTO CONSENT**

Nicolet College may take photographs or video of participants and activities. Nicolet College will own all such photographs/video and may use them for promotion of college sponsored youth activities. You relinquish all rights that you may claim in relation to the use of the photographs.

Please initial here, _____, if you **DO NOT** give permission for your child's image to be used in promotional pieces by Nicolet College.

No student may attend without this form on file.

Child's Name: _____

Parent/Legal Guardian Name: _____ Relationship to student: _____

Parent/Legal Guardian Signature: _____ Date: _____

Phone Number(s) Home: _____ Cell: _____ Work: _____

Emergency Contact Name: _____ Relationship to student: _____

Phone Number(s) Home: _____ Cell: _____ Work: _____

My student will be carrying, and is allowed to self-administer, the following medication _____

I authorize _____ (relationship to student: _____) to pick up my child from camp on the following days _____.

Children will only be released to parents, guardians, or the individual indicated above. Please come to the designated classroom at the end of each day's session. Students must be picked up in a timely manner.