

# 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**

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
- Some College
- Associate Degree
- Baccalaureate
- GED
- Short-Term Diploma
- Associate Degree + Additional Credential
- More than Baccalaureate
- HSED
- 1-Year Diploma
- HS Diploma
- 2-Year Diploma

✓	Camp	Section	Date	Time	Fee	Total Fees
	<b>Medical Basics 101</b>	3110	6/19 – 6/23	9 am – 12 pm	\$100	
	<b>Our Native Lands and Shorelines</b>	3111	6/19 – 6/23	9 am – 3 pm	\$175	
	<b>Tell Your Story with Computer Science</b>	3112	6/19 – 6/20	9 am – 3 pm	\$70	
	<b>Youth at Work: Talking Safety</b>	3113	6/19	9 am – 3 pm	\$35	
	<b>Camp Create: Wonderful Watercolor</b>	3114	6/20, 21, 27, 28	9 am – 3 pm	\$175	
	<b>Nicolet CSI: Crash Scene Investigation</b>	3115	6/20	9 am – 3 pm	\$35	
	<b>Computer Science Sports</b>	3116	6/21 – 6/22	9 am – 3 pm	\$70	
	<b>The Sound of Silence: Sign Language</b>	3118	6/26 – 6/30	9 am – 12 pm	\$100	
	<b>Rhythm Jamboree</b>	3119	6/26 – 6/30	9 am – 3 pm	\$175	
	<b>Be Ready for an Emergency</b>	3120	6/27 – 6/29	9 am – 3pm	\$105	
				<b>Total Fees:</b>		

**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.