

Summer Teaching Camp Student Application
August 16-18th, 2011

Student's Name: _____ Age: _____ ☐ Male ☐ Female

Street Address: _____

City: _____ State: _____ Zip: _____

Parent Email: _____

Parent(s) or Guardian's Name(s): _____

Parent(s) day phone number: _____

Parent(s) evening phone number: _____

Parent(s) cell phone number: _____

Medical Information: *In the event of an emergency, our first action is to call 911, and then the parent(s).*

Allergies: _____

Dietary restrictions: _____

Medications: _____

Medical Insurance Plan: _____

Doctor's name and phone number: _____

Transportation: The camp activities start promptly at 9am each morning, and end at 2pm each afternoon at Everett Community College. Please initial the following box:

☐ I will provide transportation to and from the EvCC campus each day for my child, with a 9am arrival and a 2pm pick-up.

I certify the information provided on this form is true and accurate. All parties involved in signature of application are required communication with program coordinators, instructors, school counselors, parents and students.

Parent(s) or Guardian Signature: _____ Date: _____

Student: Please read the **Camp Rules**, attached. Your signature below indicates your agreement to abide by these rules.

Student Signature: _____ Date: _____

Return this form July 15, 2011 to Veronica Garaycoa, Diversity and Equity Center, EvCC, 2000 Tower Street, Everett, WA 98201

