



## Community Education Summer Camps

Please fill out **all** information completely and return this form to us via email – [comed@email.edcc.edu](mailto:comed@email.edcc.edu) -  
or postal mail – 20000 68<sup>th</sup> Ave W, Lynnwood WA 98036 - or on the first day of class.

**Participants without a completed form will not be able to participate in the program.**

**Youth Participant’s Name (first and last)** \_\_\_\_\_

Date of Birth (mm/dd/yy) \_\_\_\_\_ Gender \_\_\_\_\_ Grade entering \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian’s Name(s): \_\_\_\_\_

E-mail: \_\_\_\_\_

### Authorized Adult Guardians and Emergency Contact(s) – to provide transportation (if other than parent/guardian).

Name (first and last) \_\_\_\_\_

Home Phone# (\_\_\_\_\_) \_\_\_\_\_ Work Phone# (\_\_\_\_\_) \_\_\_\_\_

Alt. Phone# (\_\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

Name (first and last) \_\_\_\_\_

Home Phone# (\_\_\_\_\_) \_\_\_\_\_ Work Phone# (\_\_\_\_\_) \_\_\_\_\_

Alt. Phone# (\_\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

Name (first and last) \_\_\_\_\_

Home Phone# (\_\_\_\_\_) \_\_\_\_\_ Work Phone# (\_\_\_\_\_) \_\_\_\_\_

Alt. Phone# (\_\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

### Medical Information

*If your child has any significant medical conditions that our summer staff should know about, please list and describe them on a separate attachment (or write on the back of this page). If you answer “yes” to any of the allergy questions, please provide additional information.*

Current medication being taken and frequency \_\_\_\_\_

Will it need to be taken during the summer program?  Yes  No

Does your child have any allergies?  Yes  No

*If “yes” please list below:*

Medications: \_\_\_\_\_ Food: \_\_\_\_\_

Insects: \_\_\_\_\_ Other: \_\_\_\_\_

Does your child carry an EpiPen?  Yes  No

Participant’s Physician \_\_\_\_\_ Phone# (\_\_\_\_\_) \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Medical Authorization**

By checking this box, I understand that Edmonds Community College, its staff, and all persons related directly or indirectly with this program **will not administer medications** and assume no financial obligation or liability for my child, including expenses for medical treatment. In the case of accident or illness, I grant my authorization to secure medical treatment for my child. I hereby consent to the administering of any and all medical procedures deemed necessary by the attending authorities.

How will the participant be getting to the program?

- Dropped off/ picked up       Walking       Bus       Bicycle

**Photo Release**

By checking this box, Edmonds Community College may take and use photographs or videos of me and/or my child or excerpts of statements I provided to be used for public information purposes, such as college publications, the website, displays, news releases, podcasts, blogs, video presentations, and advertisements with the understanding that my image will be used to promote Edmonds Community College only. I do this willingly, expecting no compensation or gratuity of any kind from Edmonds Community College.

**PARENTAL PERMISSION/RESPONSIBILITY**

I approve of my child's enrollment in the Edmonds Community College Summer Youth Camps. I acknowledge that I have read the Summer Youth Camp information sheet. I will take responsibility for seeing that my child complies with appropriate college student behavior guidelines. Inappropriate behavior or discipline problems will result in dismissal from this program and there will be no refund. I believe all of the information above to be true and to the best of my knowledge.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_