

S.T.A.R. SUMMER CAMP 2019

INFORMATION FORM

PARTICIPANT NAME: _____

(Please print clearly)

Parent/Guardian Name: _____

MEDICAL INFORMATION

If the above mentioned participant is currently taking any medication or has a medical condition and special diet needs that we should be aware of, please provide that information to us. (Except for program staff, this information will be kept CONFIDENTIAL.)

Health and Dietary Information:

PERMISSION TO USE PHOTOS

St. Cloud Technical & Community College will be taking pictures throughout the S.T.A.R. Summer Camp 2019 for promotion of the camp. *I understand the St. Cloud Technical & Community College will have total and exclusive control over the use of my child's photograph or any printed or electronic material in which they may be used. I hereby release the College, Minnesota State Colleges and Universities, the state of Minnesota and its employees, agents, successors and assigns from any liability, claims, or damages related to the use of my child's photograph.*

CHECK ONE:

- Yes, I give the College permission to publish photos of my child
 No, I do NOT give the College permission to publish photos of my child.

TRANSPORTATION OF YOUR CHILD

In order to assure the safety of your child we ask for information on anyone who might be picking him/her up from camp throughout the week.

Name _____ Relationship to my child _____

Name _____ Relationship to my child _____

PARENT/GUARDIAN SIGNATURE: _____