



COLLEGE OF THE CANYONS
Community & Continuing Education

Junior High Summer Institute

Emergency Contact Information

Last Name: _____ First: _____ Gender: ____ Birth Date: _____

Grade in Sept: _____ Parent/Guardian email address: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____

PLEASE LIST A PHONE NUMBER WHERE CARE GIVER WILL RESPOND:

Father/Guardian _____ Primary # _____ Alternate # _____

Mother/Guardian _____ Primary # _____ Alternate # _____

1) EMERGENCY CONTACT (Other Than Parents) - I AUTHORIZE THESE ADDITIONAL PERSONS TO PICK UP MY CHILD:

Name _____ Relationship: _____ Phone: _____

Name _____ Relationship: _____ Phone: _____

Name _____ Relationship: _____ Phone: _____

2) MEDICAL INFORMATION:

Does camper take medications? (Circle) Yes No Note: Any medication dispensed to your child must be brought to camp in its original prescription container and include written directions from child's physician.

Name of medication: _____ Amount: _____ Frequency: _____

Please list any allergies (medication, food, other) and/or medical conditions we should be aware of

3) MODEL RELEASE: I irrevocably consent to and authorize the use and reproduction by Community Education (CE) , or anyone authorized by CE, of any and all photographs and video which you have taken of my son or daughter during the time they are registered for the Junior High Summer Institute (JSI). CE may use the photographs, film, video, negatives, or proofs for marketing the JSI in printed publications including the JSI website. All negatives and positives, together with the prints shall constitute the property of CE, solely and completely. Mark One:

Yes I agree ____ No I do not agree ____

Parent/Guardian Signature : _____ Date: _____