   

**Robeson Community College / Project ACCESS**

**Summer Camp Application**

Project ACCESS focuses on improving access to higher education and career preparedness for American Indian youth attending the Public Schools of Robeson County. This grant program is a Native Youth Community Project funded by the Department of Education Award # S299A150054.

**June 24 - 27, 2019 – 8:00 a.m. – 3:00 p.m.**

Please check your desired Summer Camp experience:

* Camp Scrubs (Rising 9th – 12th grades)
* Camp A.I.M.S. (Rising 4th – 5th grades)
* Earth & Environmental Science (Rising 6th – 8th graders)
* Cyber Security (Rising 7th – 10th grades)
* Industrial Technologies (Rising 8th – 11th grades)
* Forensic Science/Law Enforcement (Rising 9th – 12th grades)
* EMS/Fire Science (Rising 9th – 12th grades)

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State\_\_\_\_\_\_\_\_\_\_ ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade Level in Fall 2019\_\_\_\_\_\_\_\_ Indian Education 506 Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Circle T-Shirt Size:

Youth T-Shirt Size: XS S M L XL XXL XXXL

Adult T-Shirt Size: XS S M L XL

Emergency contact(s) (Parent/Guardian – Local Person Only):

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies or Health conditions\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Supporting Documentation Required for Application: One teacher reference is required for acceptance**.

TEACHER RECOMMENDATION

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Level:

Teacher Name:

Please rate the performance of the above named student using the scale provided.

|  |  |
| --- | --- |
| Activity |  Needs ExcellentImprovement |
| Shows positive attitude in class |  1 2 3 4 *5* |
| Gets along well with others |  1 2 3 4 *5* |
| Demonstrates eagerness andcapacity to learn |  1 2 3 4 *5* |
| Shows ability to make and keepcommitments |  1 2 3 4 *5* |
|  Accepts responsibility |  1 2 3 4 *5* |
|  Demonstrates initiative |  1 2 3 4 *5* |

Do you recommend this student for Robeson Community College/Project ACCESS Summer Camp?

Yes No

Additional Comments:

Signature of Teacher Date



In order to attend this camp, this form must be completed by a parent/guardian.

Participant Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY INFORMATION**

Person to notify in case of emergency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Relationship

Emergency Phone: Day\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Night\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last tetanus immunization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any allergies to medicine? Yes\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_

If yes, please list\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any current or past health conditions/food allergies staff should be aware of? Yes\_\_\_\_\_No\_\_\_\_\_

If yes, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Insurance Policy Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Carrier\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Health Carrier\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City State Zip

I hereby authorize any actions recommended by a physician or other health care provider attending my child during the camp. I acknowledge and understand that may child may sustain physical illness or injury (minimal, serious, or catastrophic), in connection with this camp. I agree to indemnify and hold harmless Robeson Community College, its officers, employees, and agents from and against any claims for personal illness that my child may sustain.

Parent or Guardian (*circle relationship*):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Print Name

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date

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**ROBESON COMMUNITY COLLEGE SUMMER CAMP**

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am the legal parent/guardian of

 Signature of Parent/Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I understand that all possible precautions

 Child’s Name

are taken to ensure that the programs and activities at Robeson Community College (RCC) are conducted by mature qualified personnel in a safe and responsible manner.

**WAIVER: READ CAREFULLY BEFORE SIGNING**

The student and the student’s parent, guardian, or custodian recognizes that RCC is not the ensurer of the student’s health or safety, and has no duty to control third parties. The student and the student’s parent, guardian, or custodian fully accept and understand that there are potential dangers and risks to which the student may be exposed by visiting RCC for classes and/or field trips.

The student and the student’s parent, guardian, or custodian therefore agrees to assume all of the potential risks and dangers, whether or not foreseeable, in any way associated with his/her participation in this Robeson Community College Academy Summer Camp(s) (including without limitation any and all medical expenses incurred resulting from any illness or in injury to the participating student) and associated activities. In consideration of, and in return for the services, facilities, and other assistance provided to the student by Robeson Community College in this Academy Summer Camp(s) and related activities, the student and the students parent, guardian, or custodian hereby release and agree to hold harmless Robeson Community College (and its board of trustees, offices, employees, servants, and agents) from any and all liabilities, claims, and actions that may arise from injury or harm to the student or to any third-party, from the students death or that of any third party proximately cause by the student, or from damage to the student’s or any third-party’s property in connection with Robeson Community College Camp(s) or associated activities. The student and the student’s parent, guardian, or custodian understand that this Agreement and Release covers liability, claims, and actions cause entirely or in part by any acts or failure to act Robeson Community College Sumer Camp (or its board of trustees, officers, employees, or agents) including but not limited to the alleged or actual negligence, mistake, or failure to supervise by Robeson Community College Summer Camp.

The student and the student’s parent, guardian, or custodian agree and understand that this Agreement and Release means I am giving up, among other things, the right to sue Robeson Community College Summer Camp its board of trustees, officers, employees, servants or agents for injuries, damages, or losses that the student or the student parent, guardian, or custodian may incur. The student and the student’s parent, guardian, or custodian also understand that this Agreement and Release binds the student and the student’s parent, guardian, or custodian, any non-custodial parent, heirs, executors, administrators, assigns.

The student and the student’s parent, guardian, or custodian acknowledge that they have read this entire Agreement and Release, that they fully understand it, and that they agree to be legally bound by it. They also agree that this represents the entire agreement and that there are no other oral or written promises or representations which in any way modify its terms.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent/Guardian Signature Date

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**CONSENT TO USE PHOTOGRAPH**

As a parent or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, registered in

 Child’s Name

the Summer camp offered by the Robeson Community College, I understand and consent to the use of my child’s photograph on the RCC web site, in an official RCC publication, and for any RCC undertaking. I further understand that the official photograph is a public record, and therefore subject to disclosure, upon proper request by a third party, under the North Carolina Public Records Law.

Participant Name (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_