



EDMONDS COLLEGE

COMMUNITY EDUCATION

Community Education Summer YouthCamps

Please fill out all information completely and return this form to us via email - comed@edmonds.edu or postal mail: Community Education - 20000 68th Avenue West, Lynnwood, WA 98036

*Bring a copy on the first day of class to ensure the college has all of your child's information.

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 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.

Please mark how your camper will be arriving at the designated drop off/pick up destination on campus. All campers will be checked in and escorted to and from the classroom.

Dropped off/ picked up by car Walking Bus Bicycle

Photo Release

By checking this box, Edmonds 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 College only. I do this willingly, expecting no compensation or gratuity of any kind from Edmonds College.

PARENTAL PERMISSION/RESPONSIBILITY

I approve of my child's enrollment in the Edmonds 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 _____