



## Student Registration Form

(One registration form per child)

Please complete this form to register your child for an NC Connected program. This form must be submitted for each student to be enrolled in an NC Connected camp, class, workshop, field trip, community service activity, or other program. A parent or guardian must sign this form. **Incomplete forms will be returned.**

Be sure to print all information carefully. Mail completed applications (along with payment) to NC-MSEN Pre-College Program, Friday Institute, 1890 Main Campus Drive, Raleigh, NC 27606. If you have any questions, please email Denise Tawwab at [ddt@ncconnected.org](mailto:ddt@ncconnected.org), or call Denise at (919) 523-8829.

*THE APPLICATION PROCESS IS NOT FIRST-COME, FIRST-SERVED – you may apply anytime between now until two weeks before the camp date and your chance of being selected will be the same.*

### STUDENT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
(Student's name)

Complete Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ School: \_\_\_\_\_  
(Month/Day/Year)

Student Phone Number: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Parent/Guardian Name(s): \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Phone Number (Required):

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

What is the best way to reach you?: \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_ Mail

**PROGRAM/CAMP INFORMATION**

**Program/Camp you are applying for (check one):**

- Durham 4-H Technology Camp
- NC-MSEN Pre-College Technology Camp
- Granville 4-H Technology Camp
- Wake 4-H Technology Camp
- Boys & Girls Club Tech Camp
- Boondocks Media School
- Girls Connected Tech Camp
- NCC Mentoring /Community Svc. Activity
- Corporate-Sponsored Tech Camp
- Non-profit Sponsored Tech Camp

\_\_\_\_\_  
*(Sponsoring Company's name)*

\_\_\_\_\_  
*(Sponsoring Non-Profits Name)*

Program/Camp **dates** for which you are applying: \_\_\_\_\_

Have you participated in an NC Connected program before? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, which program(s) and when: \_\_\_\_\_

Are you a member of the NC-MSEN Pre-College Program? Yes \_\_\_\_\_ No \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

During the hours that the program is in session, I, \_\_\_\_\_, can be reached at \_\_\_\_\_ (phone). If I cannot be reached in the event of an emergency, the following adults are authorized to act on my behalf:

Emergency Contact Person's Name: \_\_\_\_\_

Emergency Contact Person's Phone number during program hours: \_\_\_\_\_

Emergency Contact Person's Relationship to Student: \_\_\_\_\_

**- or -**

Emergency Contact Person's Name: \_\_\_\_\_

Emergency Contact Person's Phone number during program hours: \_\_\_\_\_

Emergency Contact Person's Relationship to Student: \_\_\_\_\_



**MEDICAL / DOCTOR'S INFORMATION**

Your Doctor's Name: \_\_\_\_\_ Phone: Number: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

All know food and/or drug allergies: \_\_\_\_\_

Any medical conditions about which we should be aware: \_\_\_\_\_

Any medications your child will be taking while in our care: \_\_\_\_\_

*All medication (both prescription and non-prescription) must be signed in during registration*

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

**MEDICAL RELEASE**

If neither I nor the authorized persons designated above can be contacted in the event of an emergency, I authorize the adults in charge at the NC Connected program to contact the physician listed above (at my expense) for whatever treatment the attending physician recommends. I have notified NC Connected of all medical and health conditions that my child has had or currently has. In the event of an emergency, or if the physician designated below is not available, I hereby give permission for transportation to any medical facility or hospital, and I authorize any qualified person or medical personnel to render necessary emergency medical care for my family and myself. \_\_\_\_\_ [initial here]

**DEMOGRAPHIC INFORMATION**

*Thanks to our generous sponsors, we are able to offer our programs at low cost or free of charge to students. Please assist us in reporting on the population that we serve by completing this section. This information will be kept confidential.*

For reporting purposes, please indicate your child/ward's ethnicity:

\_\_\_\_\_ African-American \_\_\_\_\_ Asian-American \_\_\_\_\_ Caucasian \_\_\_\_\_ Latina/Hispanic

\_\_\_\_\_ Other, please state: \_\_\_\_\_

Does your child receive free or reduced school lunch? \_\_\_\_\_ Yes \_\_\_\_\_ No

Annual Household income (please circle one):

Less than \$20,000    \$20,000 - \$40,000    \$40-\$60,000    More than \$60,000

Please circle one:    Single Income household                      Two-Income Household

Primary language spoken in the home: \_\_\_\_\_



**CANCELLATION POLICY**

*NC Connected or the collaborating partner will confirm your registration via email or telephone. Camps that are not filled are subject to cancellation. If you cancel your child's registration in a camp or program, we will invite someone from our waiting list to fill the open spot. IF YOU CONFIRM THAT YOU WILL COME TO CAMP AND THEN FAIL TO SHOW WITHOUT GIVING NC CONNECTED AT LEAST 7 DAYS NOTICE, YOU WILL NOT RECEIVE A REFUND OF ANY DEPOSITS, TUITION, OR FEES PAID. IF CANCELLATION IS RECEIVED WITHIN 7 BUSINESS DAYS OF CAMP, you will receive a full refund less a non-refundable \$50 registration and processing fee.*

**AUTHORIZATION / INDEMNIFICATION**

My child/ward, \_\_\_\_\_, has my permission to participate in the NC Connected program listed above.

I understand that as part of this program, my child/ward may be videotaped, audio taped, interviewed, and/or photographed. I agree to allow NC Connected to keep, as their property, the products of such videotaping, audio taping, interviewing, and/or photographing; and I agree that such material, along with my child/ward's name, may be used and posted on the NC Connected website for promoting the NC Connected program and in any publicity generated by NC Connected. \_\_\_\_\_ [initial here]

I understand that participating in NC Connected programs allows my child/ward no special rights or expectations regarding the NC Connected programs, including the right to sue any party involved in the implementation and execution of the NC Connected programs. I agree to hold harmless NC Connected, their agents, and employees from all claims, damages, losses, injuries and expenses arising out or resulting from participation in these activities. I further agree not to sue NC Connected, their agents and/or employees for any actions or causes of action, including the negligence of NC Connected or my family against NC Connected arising out of participation in this program.

**I have thoroughly read and agree with the terms and conditions of this application.**

Please print your full name here: \_\_\_\_\_

Signed: \_\_\_\_\_ (Parent or Guardian)

