



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 Connected, 4400 Birmingham Way, Raleigh NC 27604. If you have any questions, please visit our website at www.ncconnected.org or email us at ddt@ncconnected.org, or call us 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):

____ Boondocks Media School

____ NCC Mentor Activity

____ Girls Connected TechCamp

____ NCC Community Service Activity

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: _____

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 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)

