

**CEDAR GROVE HIGH SCHOOL STEAM CAMP  
APPLICATION 2017**

**\$40**

**A. Personal Information**

Applicant's Name: (last) \_\_\_\_\_ (first) \_\_\_\_\_

Applicant's Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (     ) \_\_\_\_\_ Cell: (     ) \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent's Cell Phone: \_\_\_\_\_

Parent's Email Address: \_\_\_\_\_

Applicant's Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_ Grade Level: \_\_\_\_

**B. Emergency Information**

Emergency 1: (last) \_\_\_\_\_ (first) \_\_\_\_\_

Home Phone: (     ) \_\_\_\_\_ Cell: (     ) \_\_\_\_\_

Emergency 2: (last) \_\_\_\_\_ (first) \_\_\_\_\_

Home Phone: (     ) \_\_\_\_\_ Cell: (     ) \_\_\_\_\_

**C. Medical Information**

Allergies: \_\_\_\_\_

Other Information: \_\_\_\_\_

In case of any emergency or accident on the school grounds or during any school activity involving my child \_\_\_\_\_ which in the opinion of the school authorities present requires immediate medical attention, I hereby grant permission to said school authorities to obtain the services of a physician or to transport said child to the hospital if it is deemed necessary by school authorities.

Parent Name (*print*) \_\_\_\_\_ Parent Initials \_\_\_\_\_

**D. Camp Information**

Cedar Grove High School Summer Camp is a two week camp. Students will rotate through each career pathway daily. Parents are responsible for transportation. Breakfast, lunch and snack will be provided.

Parent Name (*print*) \_\_\_\_\_ Parent Initials \_\_\_\_\_

**E. Media Release**

Students may be highlighted in efforts to promote Cedar Grove High School (CGHS) activities and achievements. This is with the understanding that neither CGHS nor its representatives will reproduce said photograph, interview, or likeness for any commercial value or receive monetary gain for use of any reproduction/broadcast of said photograph or likeness. I am also fully aware that I will not receive monetary compensation for my child’s participation.

I certify that I have read the Media Consent and Release Liability statement and fully understand its terms and conditions.

- I give permission for my child's name and photo to be published when related to Cedar Grove High School activities.
- I do **NOT** give permission for my child's name and photo to be published.

Parent Name (*print*) \_\_\_\_\_ Parent Initials \_\_\_\_\_

**F. Parental Permission**

*I hereby give permission for my child to participate in the activities of the Cedar Grove High School Summer Camp. I am aware transportation is not provided.*

Signature \_\_\_\_\_

Monday-Thursday June 5-15, 2017 9:00am-3:00pm Lunch & Snack Provided
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