

MCC Summer Camp Application



Summer Camp Enrollment Guidelines

Applicants are considered on a first-come, first-serve basis. **Only complete application packets are considered.**
A complete application packet for each attending student includes:

- | | |
|--|---|
| Completed Summer Camp Application | <input type="checkbox"/> Completed Photo Release Form |
| Completed Health/Medical Record Release Form | <input type="checkbox"/> Completed Camp Release and Hold Harmless Agreement |
| Check or Credit Card Payment | <input type="checkbox"/> Completed MCC Non-Credit Registration Form |

Cancellation policy: If you must cancel, notice must be received 3 days prior to camp start. "No shows" will not receive a refund and will not be considered for future camps.

Student Information

Student's Name: _____ Phone: _____
Home Address: _____
DOB: _____ Current Age: _____ Grade in Fall: _____
School Attending: _____
Student Email: _____ Gender: ☐ Male ☐ Female

Summer Camp(s) Attending

Emergency Contact Information

Parent/Guardian #1

Name: _____
Work Phone: _____
Cell Phone: _____
Email: _____

Parent/Guardian #2

Name: _____
Work Phone: _____
Cell Phone: _____
Email: _____

I hereby give permission for my child to participate in Summer Camps @ MCC.

Parent/Guardian Signature: _____ Date: _____

Please either mail, email or fax the completed application, health form, photo release form, camp release and hold harmless agreement to:
Workforce Development Center at MCC, 1066 Front Street, Manchester NH 03102 **or** email to ManchesterWDC@ccsnh.edu **or** fax (603) 624-1576

MCC Summer Camp Health/Medical Record Release

Personal Information

Student's Name: _____

DOB: _____ Student's Gender: ☐ Male ☐ Female

Student's Home Address: _____

Parent/Guardian #1

Name: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Place of Employment: _____

Parent/Guardian #2

Name: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Place of Employment: _____

Student's Health & Coverage

Primary Care Physician's Name: _____

Health Insurance Carrier: _____

Plan Number: _____

In Case of Emergency, please notify: _____

If neither parent/guardian is able to be contacted, please contact: _____

Daytime Phone: _____ Evening Phone: _____

Please indicate if the student suffers from any of the following allergies, diseases or conditions:

- | | | | | | |
|---------------------------------------|--|-------------------------------------|---|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Poison Ivy | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Insect Bites | <input type="checkbox"/> Hay Fever |
| <input type="checkbox"/> Bee Stings | <input type="checkbox"/> Behavioral Issues/Plans | <input type="checkbox"/> Peanuts | <input type="checkbox"/> Food Allergies | <input type="checkbox"/> Penicillin | <input type="checkbox"/> Gluten |
| <input type="checkbox"/> Other: _____ | | | | | |

☐ Other Drugs: _____

Does student have any chronic or recurring illnesses? ☐ No ☐ Yes - If yes, please describe: _____

Is there anything else in student's health history we should know? ☐ No ☐ Yes - If yes, please describe: _____

Are there any activities from which the student should be *restricted*? ☐ No ☐ Yes - If yes, which activities: _____

Are there any specific activities that should be *encouraged*? ☐ No ☐ Yes - If yes, which activities: _____

Does student wear any medical appliances (glasses, orthodontic, etc.)? ☐ No ☐ Yes - If yes, please list: _____

Will the student be taking any medications while at MCC? ☐ No ☐ Yes - If yes, please list: _____

IF MEDICATION IS REQUIRED, IT MUST COME TO MCC IN THE ORIGINAL CONTAINER WITH USAGE/DOSAGE/INSTRUCTIONS CLEARLY PRINTED ON THE LABEL. A DOCTOR'S NOTE AND PARENT'S NOTE MUST ALSO BE SENT TO MCC.

CONSENT FOR MEDICAL TREATMENT IN CASE OF EMERGENCY

I do hereby authorize that all of the information contained herein is correct and that my child is fully able to participate in all MCC Summer Camp activities without the need of individual or specialized attention or medical regimen. I agree to notify MCC of any changes in my child's physical or mental health between the dates of enrollment and the start of the camp as well as during camp. I hereby consent and authorize the administration of all medical treatments advisable or necessary under the judgment of MCC accredited teaching and administrative staff, emergency room physicians or any other clinical physicians with the understanding that I (or my authorized representative) will be notified as soon as possible.

Print Name: _____ Relationship to Student: _____

Signature: _____ Date: _____ Phone: _____

MCC Summer Camp Release and Hold Harmless Agreement

1. In consideration for receiving permission to participate in the Thingamajigs @ MCC Summer Camp (herein referred to as ACTIVITY), which is sponsored by Manchester Community College, on a campus of the Community College System of New Hampshire, I hereby **RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, AND AGREE TO HOLD HARMLESS** for any and all purposes The Community College System, of New Hampshire, its Board of Trustees, and their officers, servants, agents, volunteers, or employees (herein referred to as RELEASEES) **FROM ANY AND ALL LIABILITIES, CLAIMS, DEMANDS, OR INJURY, INCLUDING DEATH**, that may be sustained by me while participating in such activity, or while on the premises owned or leased by RELEASEES, **including injuries sustained as a result of the negligence of RELEASEES.** I acknowledge there may be physically strenuous activities. I know of no medical reason why I should not participate.
2. I am fully aware that there may be inherent risks involved with ACTIVITY, including but not limited to exposure to equipment in the Advanced Manufacturing Technology Laboratory and other facilities at Manchester Community College and I choose to voluntarily participate in said activity with full knowledge that said activity may be hazardous to me and my property. **I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH**, that may be sustained by me as a result of participating in said activity, **including injuries sustained as a result of the negligence of RELEASEES.** I further agree to indemnify and hold harmless the RELEASEES for any loss, liability, damage or costs, including court costs and attorney's fees that may occur as a result of my participation in said activity.
3. I understand that RELEASEES do not maintain any insurance policy covering any circumstance arising from my participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage.
4. It is my express intent that this Covenant Not to Sue and Agreement to Hold Harmless shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of New Hampshire.
5. In signing this Covenant Not to Sue and Agreement to Hold Harmless, I acknowledge and represent that I have read the foregoing Covenant Not to Sue and Agreement to Hold Harmless, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements apart from the foregoing agreement that has been reduced to writing have been made. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future.
6. In signing this I give my child permission to attend the Factory Field Trip on the Wednesday of the Nuts, Bolts and Thingamajigs camp.
(For NBT Campers only - if you child is not enrolled in the NBT camp, please disregard #6, but sign and return this completed form)

Bus transportation will bring students from Manchester Community College to two companies in the Manchester area and back. Students will be touring a local factory, observing activities in the workplace and participating in a panel discussion with factory representatives. There is no cost to students for this trip.

Participant Signature: _____ Date: _____

Printed Name: _____

Parent or Legal Guardian Signature: _____

Parent or Legal Guardian Printed Name: _____

Witness Signature: _____

Witness Printed Name: _____

MCC Summer Camp Registration Form

Camper Information

Student's Name: _____ DOB: _____

T-Shirt Size: (all shirts are adult sizes) ☐ Small ☐ Medium ☐ Large ☐ X-Large

Parent/Guardian Information

First Name: _____ Last Name: _____

Prior Name(s): (if applicable) _____

Home Address: _____ City: _____ Zip: _____

Cell Phone: _____ Work Phone: _____

Email: (for cancellations and other updates) _____

Camp(s) Registration

CRN#	Course#	Camp Name	Cost
Total			\$

Please make checks payable to MCC and write “Summer Camps” in the notes section.

Financial Obligation Statement - I understand by registering for courses at MCC, I am financially obligated for **ALL** costs related to the registered course(s) by the established tuition deadline, or I may be subject to withdrawal from course(s). Upon a drop or withdrawal, I understand I will be responsible for all charges as noted in the student catalog and handbook. I further understand that if I do not make payment in full, my account may be reported to the credit bureau and/or turned over to an outside collection agency. I also understand that I will be responsible for the cost of the outside collection agency, any legal fees and any bounced check fees under RSA 6:11, which will add significant costs to my account balance.

Refund Policy - Students registered for non-credit courses, summer camps, workshops, or seminars must notify the Workforce Development Center in writing at least three days prior to the first session and submit a Drop Form to receive a full refund.

Signature: _____ Date: _____

FOR OFFICE USE

Fall _____ Spring _____ Summer _____

Student ID _____

Date _____

Registered by _____

Phone Registration _____

CONSENT AGREEMENT AND PHOTO RELEASE FOR CAMP PARTICIPANTS



Camp Staff: Please distribute this form to each camp participant on or before the first day of camp. A signed release form must be collected from each participant and returned to NBT.

In connection with my or my child's participation in this Summer Manufacturing Camp, I hereby authorize the Fabricators & Manufacturers Association, International® (FMA), Nuts, Bolts & Thingamajigs® (NBT), its partner The Association for Packaging and Processing Technologies (PMMI), its national sponsor Nestlé USA, their affiliates, successors and assigns (collectively the "Companies"), the right to take, record, utilize, and/or publish (i) photographic, digital, or video images of myself and/or the minor child or children listed below; (ii) our names and likenesses; (iii) artwork produced by my child during the camp; and (iv) comments submitted as a result of my child's camp experiences (collectively the "Images and Statements") for use in the Companies' print, online and video-based marketing materials, as well as the authorized publications listed below and for all lawful purposes (including but not limited to advertising, marketing, trade or any commercial purposes) in all forms and media now existing or hereinafter devised, developed or created, throughout the world and in perpetuity. I waive the right to inspect or approve versions of the Images and Statements used by the Companies pursuant to this release agreement.

I hereby release, discharge, and agree to hold harmless the Companies, their directors, officers, employees, and agents from all claims, actions, causes of action, demands, rights, damages, costs, attorneys' fees, losses, and expenses that may arise from or regarding the use of the Images and Statements, including but not limited to any claims of defamation, invasion of privacy, or infringement of moral rights, rights of publicity or copyright. I further release, discharge, and agree to hold harmless the Companies, their directors, officers, employees, and agents from any liability, whether intentional or otherwise, that may occur or be produced in the development of any media created and used by the Companies, as well as the publication of such media, including without limitation any claims for libel or violation of any right of publicity or privacy or copyright infringement claims.

I hereby waive any right that I may have to inspect or approve any finished copy, photograph, video, or other media that may be developed and used by the Companies. I further waive any right to royalties or other compensation arising or related to the use of the Images and Statements. The Companies are permitted, although not obligated, to include my name or the name of my child or children listed below in connection with use of the Images and Statements.

The Companies are not obligated to utilize any of the rights granted in this release agreement. This release agreement expresses the complete understanding of the parties with respect to the use of the Images and Statements by the Companies.

Authorized Publications: Any of the magazines published by FMA and its publishing company FMA Communications®, PMMI and the PMMI Media Group, or publications and printed media of Nestlé USA, as well as the websites of those organizations and the NBT Foundation. In addition, the quarterly newsletters of FMA, NBT, PMMI, Nestlé, and the social media channels maintained and managed by the aforementioned organizations.

I have read and understood this release agreement. I attest that I am the parent or legal guardian of the child or children listed below and that I have full authority to consent and authorize the Companies to use the Images and Statements.

Camp Host Location (School) _____ Date _____

Participant Name(s) _____

Parent / Guardian Signature *(if participant is a minor)* _____

Print Parent / Guardian Name *(if participant is a minor)* _____

