

Summer Camps at NCC - Student Information

Summer Camp Enrollment Guidelines

Applicants are considered on a first-come, first-serve basis.

Only complete application packets and payment hold a spot in the camp.

A complete application packet for each attending student includes:

- Completed Summer Camp Student Information
- Completed Health/Medical Record Release Form
- Completed Summer Camp Registration Form
- Completed Photo Release Form
- Completed Camp Assumption of the Risk and Waiver of Liability

Cancellation policy:

- NCC will notify families **7 days** prior to camp start if the camp is cancelled due to low enrollment.
- If you must cancel, notice must be received **7 days** prior to camp start. "No shows" will not receive a refund.

Student Information

Student Name _____ Age _____ Date of Birth _____

Home Address _____

Fall 2024 Grade: _____ School Attending _____

TShirt Size: _____ Nickname or Preferred Name for Camp if applicable: _____

Parent Information

Parent/Guardian #1

Name _____

Email _____

Work Phone _____

Cell Phone _____

Parent/Guardian #2

Name _____

Email _____

Work Phone _____

Cell Phone _____

Note: Emergency Contact Information located on Health Form

I hereby give permission for my child to participate in Summer Camps at NCC.

Parent/Guardian Signature: _____ Date: _____

Please return the completed application, health form, photo release form, camp release and hold harmless agreement to:
Career and Technical Education Pathways Director - Kim Eckenrode
Email: KEckenrode@ccsnh.edu
Mail: Nashua Community College – Attn: Kim Eckenrode, 505 Amherst Street, Nashua NH 03063

Summer Camps at NCC – Photo Release Form

Visual Image Release: Summer Camps at NCC uses photos of children/CAMPER/PARTICIPANTS and staff participating in its activities in its yearly brochure and on our website. Summer Camps at NCC will not identify any child. In consideration, I hereby give my permission and consent to Summer Camps at NCC to use images of my child in Summer Camps at NCC website and brochure, and I hereby release on behalf of my child and myself any rights to compensation for, or ownership of, such images of my child and the above uses of them by Summer Camps at NCC.

I give Nashua Community College, (NCC) the right to use the aforementioned work for promotional purposes (such as brochures, website, ads, etc.) with credit given to my company and/or the person or company who originated the artwork.

☐ Yes ☐ No, please exclude my child from all media.

Student Name: _____

Parent/Guardian Signature: _____ Date: _____

Summer Camps at NCC – Optional Demographic Data

Perkins Funds and Federal Grant(s) are used to enhance Summer Camps 2024 at NCC. As part of these programs Nashua Community College is required to report on demographic data related to summer camp participants.

**Note: Once the student is registered this page will be separated from the registration packet and filed in the Office of the Vice President of Academic Affairs. Information will be kept anonymous and confidential.
Demographic data will not be shared with Summer Camp instructors.**

Gender _____

US Citizen: _____ Yes _____ No

Ethnic Background:

Hispanic or Latino: _____ Yes _____ No

Select one or more races:

_____ American Indian / Alaskan

_____ Asian

_____ Black or African American

_____ Native Hawaiian / Pacific Islander

_____ White

Household Information:

Is the student eligible for free or reduced lunch? _____ Yes _____ No

Is the student living with a single parent? _____ Yes _____ No

Is the student in, or have aged out of, the foster care system _____ Yes _____ No

Is the student's native language something other than English? _____ Yes _____ No

Does the student have a parent who is a member of the armed forces? _____ Yes _____ No

FOR OFFICE USE

CRN: _____

Summer Camps at NCC – Health/Medical Record Release

Personal Information

Student's Name _____

Date of Birth _____ Student's Gender: _____

Student's Home Address: _____

Parent Information

Parent/Guardian #1

Name _____

Email _____

Work Phone _____

Cell Phone _____

Parent/Guardian #2

Name _____

Email _____

Work Phone _____

Cell Phone _____

Student's Health & Coverage

Primary Care Physician _____

Health Insurance Carrier _____ Plan Number _____

In Case of Emergency, please notify _____ Phone _____

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

☐ Asthma ☐ Convulsions ☐ Poison Ivy ☐ Diabetes ☐ Insect Bites ☐ Hay Fever

☐ Bee Stings ☐ Behavioral Issues/Plans ☐ Peanuts ☐ Food Allergies ☐ Penicillin ☐ Gluten

☐ 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, please describe _____

Are there any specific activities that should be encouraged? ☐ No ☐ Yes If yes, please describe _____

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

Please use this space to tell us anything else we should know about your student

Summer Camps at NCC are NOT a peanut free camp. NCC Staff are informed of all allergies, and, we make every effort to protect all allergic conditions of our CAMPER/PARTICIPANTS.

Medications: Nashua Community College and the Community College System of New Hampshire is not responsible for any medications needed by my child. All medication will be taken by my child at home if needed.

Medical Release: This health history is correct and accurately reflects the known health status of the named CAMPER/PARTICIPANT. The CAMPER/PARTICIPANT described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to camp staff/faculty to provide or obtain emergency care and transportation for the CAMPER/PARTICIPANT if needed. If I cannot be reached in an emergency, I give permission to the physician to hospitalize, secure proper treatment for, and order and administer medication, injection, anesthesia, X-rays, special procedure, or surgery for this child, if deemed medically necessary. I understand that I am responsible for the cost of any medical care or prescriptions my child requires. I agree to release of any records necessary for treatment, referral, billing, or insurance purpose. I understand that information on this form will be shared on a "need to know" basis with camp staff/faculty.

Parent/Legal Guardian Signature _____ Parent/ Legal Guardian Printed Name _____

Relationship to Participant _____ Date _____

Summer Camps at NCC – Assumption of the Risk and Waiver of Liability

I fully understand and appreciate the dangers, hazards, and risks inherent to Summer Camp activities could result serious or even mortal injuries and property damage. I hereby assume these risks and, knowing them, hereby give my child permission to participate. Knowing the dangers, hazards, and risks of such activities, and in consideration of my student being permitted to participate in Summer Camp on behalf of my student, myself, their family, heirs, and personal representative(s), agree to assume all the risks and responsibilities surrounding their participation in Summer Camp. I hereby:

WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of NCC, its trustees, officers, employees, camp counselors, volunteers, entities or other persons released, for my child's death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to them including their traveling to and from this activity;

INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE NCC, its trustees, officers, employees, volunteers, or other entities or persons released from any and all liabilities or claims made as a result of participation in this activity, whether caused by negligence or by any other action or inaction.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under New Hampshire law. The NCC, its trustees, directors, officers, and all its employees, acting officially or otherwise are hereby released from any and all claims, demands, actions, or causes of action on account of any injury to my child that may occur. This release binds my heirs, executors, administrators, and/or assigns.

I understand and agree that NCC does not have medical personnel available at the location of Summer Camp or on the campus. I understand and agree that Releasees assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

I further understand that any violation of campus rules may result in termination of my student's attendance in Summer Camp and/or judicial charges.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, FULLY UNDERSTAND ITS CONTENT, AND AGREE TO ITS TERMS.

Parent/Legal Guardian Signature: _____ Parent/ Legal Guardian Printed Name: _____

Student/Attendee Name: _____ Date: _____

Summer Camps at NCC – Registration Form

Camper Information

Student's Name _____ DOB: _____

Parent/Guardian Information

First Name _____ Last Name _____

Home Address _____ City: _____ State _____ Zip _____

Cell Phone _____ Work Phone _____

Parent Email: (for registration confirmation and other updates) _____

Note: You student is considered registered when the registration fee is paid. A confirmation email will be sent to the Parent Email listed above after the payment and registration are processed.

Camp(s) Registration

CRN#	Date/Week	Camp Name	Cost
Total			

Please make checks payable to NCC and write "Summer Camp" and your student's first initial and last name in the notes section.

Financial Obligation Statement - I understand by registering for courses at NCC, 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 summer camps must notify Kim Eckenrode at least **seven** days prior to the first session and submit a Drop Form to receive a full refund.

Parent Signature _____ Date _____

FOR OFFICE USE

Student ID _____

Date _____

Registered by _____

Payment _____