



**Summer Camps 2020**

Luzerne County Community College

1333 South Prospect Street, Nanticoke, PA 18634

Tel: 570-740-0495

Fax: 570-740-0491

[www.luzerne.edu/coned](http://www.luzerne.edu/coned)

**2020 REGISTRATION FORM - COMPLETED FORM WITH PAYMENT MUST BE RECEIVED BY THE CONTINUING EDUCATION DEPT. FOR STUDENT TO BE REGISTERED FOR CAMP.**

Camper's Name:

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Summer Camp(s) to be registered for:

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***All items on this application must be filled in for the student to be enrolled in the camp***

**Registration Information (Please type or print)**

Camper's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Age \_\_\_\_\_ Grade in September 2020 \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex (please circle one) M F

Make check payable to: LCCC Dept. 63000: Amount enclosed \$ \_\_\_\_\_ mail to:  
LCCC Continuing Education Department, 1333 South Prospect Street, Nanticoke, PA 18634

The information for the following questions are required for state and federal statistical purposes only. Responses will not be used to determine admission.

Ethnicity: (Select one) Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

- Hispanic or Latino
- Not Hispanic or Latino

Race (Select one or more)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Are you a citizen of the United States? Yes \_\_\_ No \_\_\_ (If no, then please complete next four items)

1. Country of citizenship: \_\_\_\_\_
2. Permanent Resident Card #: \_\_\_\_\_
3. Foreign Student (F1 Student Visa #): \_\_\_\_\_
4. Other Visa (Please list type and #): \_\_\_\_\_

**Critical Contacts**

Parent/Guardian #1

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Parent/Guardian #2

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

As legal guardian of this child, I give permission for him/her to attend camp and participate in all activities unless stated, and for emergency treatment to be given to him/her in case of injury or illness. I agree to cooperate with all regulations and procedures. I understand that my child must have a current physical. When participating in the Summer camp, I understand and agree that the camper may be photographed for print, video, or electronic imaging. I understand that the images may be used in promotional materials, news releases, and other published formats for LCCC.

In consideration of my child being permitted to participate in the activities referenced herein, the Undersigned, as the parent or guardian of the Camper does hereby agree with Luzerne County Community College, for itself and its officers, trustees, employees, agents, and their respective heirs, personal representative, successors and assigns, (hereinafter individually and collectively referred to as the "Released Parties") as follows:

- The undersigned is responsible for full and complete insurance coverage for the Camper. The Undersigned hereby warrants and states individually, and on behalf of the Camper, that hospital medical coverage is in existence covering the Undersigned and the Camper, and the Undersigned agrees that said medical and/or hospitalization coverage will be applied for the use and benefit of the Camper in the event of personal injury, and the Undersigned hereby waives any rights to subrogation and/or reimbursement against the Released Parties for any medical expenses necessarily incurred in the event of personal injury to the Camper.
- Undersigned understand there are inherent risks in and around the activities of the Camp. Risks inherent in such activities mean dangers or conditions that are an integral part of such activities.

Return completed form with payment to Luzerne County Community College, Continuing Education Dept.,  
BLDG 10, 1333 South Prospect St., Nanticoke PA 18634 – Tel: 570-740-0495/Fax: 570-740-0491

- The Undersigned expressly assumes responsibility for all risks involved in or arising in or arising from **the Camper’s** participation in the Activities including, without limitation but not limited to the risks of death, bodily injury, property damage, falls, the unavailability of emergency medical care, and/or the negligence and/or deliberate act of another person, except for the gross negligence or willful misconduct of the Released Parties.
- Undersigned on his/ her own behalf and on behalf of the Camper agrees to hold the Released Parties and their heirs, personal representatives and assigns completely harmless and not liable, and releases each of them from all liability whatsoever, and agrees not to sue the Released Parties on account of or in connection with any claims, causes of action, injuries, damages, costs or expenses arising out of the Camper’s participation in the activities, including without limitation, those based on death, bodily injury, property damage, including consequential damages, except if the damages are caused by the willful negligence or gross misconduct of the Released Parties.
- Undersigned agrees to abide by all of the Released Parties’ rules and regulations.
- This provisions contained herein are non-assignable and non-transferable by the Undersigned and are made and entered into in the Commonwealth of Pennsylvania, and shall be enforced and interpreted under the laws of the Commonwealth of Pennsylvania. Should any clause be in conflict with the Commonwealth of Pennsylvania’s laws, then that clause is null and void.

IN WITNESS WHEREOF, AND INTENDING TO BE LEGALLY BOUND HEREBY, THE UNDERSIGNED EXECUTES THIS DOCUMENT AFTER FULLY READING AND UNDERSTANDING THE ABOVE AS OF THE DATE OF SIGNING THIS RELEASE.

Signature of Parent/Guardian \_\_\_\_\_

**Health History**

The information you provide here will be held in the strictest confidence. It will be kept on file in our Continuing Education Department. This information will be shared with other key camp staff only on a “need to know” basis. Because this is our first resource in resource in the event of an emergency, it is important that you be as specific as possible.

\_\_\_\_\_  
 Child’s Doctor’s Name Doctor’s Phone

\_\_\_\_\_  
 Medical Insurance Information:    Company Policy # Exp Date:  
 MM/DD/YYYY

\_\_\_\_\_  
 Policy Holder’s Name:    Last First

\_\_\_\_\_  
 Relationship to Camper

**Allergies – Does your child have any life threatening allergies?** (Please circle one)    Yes    No

If yes, please describe the severity of the reaction, requested accommodations and what is done to manage them.

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You may serve my child food and beverages (please circle one)      Yes      No

**Medical, Physical, or Emotional Conditions (including Disabilities) that may affect his/her experience at our camp.** (Please circle one)      Yes      No

If yes, provide information to assist us in providing the best camp experience for your child.

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**Medications (including Inhalers)** (please circle one)      Yes      No

If your child must take medication while at camp, please note that here.

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All medications must be in their original containers and be appropriately labeled. We must have a MEDICATION FORM detailing the medications, doses, and administration instructions for all prescription medications. Please do not give your camper’s medication to them to bring to camp; medications must be received and held by the Continuing Education office or the camp director.

**Immunizations**

Is your child up-to-date on all state immunizations? (Please circle one)      Yes      No

If No, please explain.

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What have we forgotten to ask? Please provide any other information about your child's health, which has not been asked on this form.

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