

Coahoma Community College
Division of Health Sciences
2023 Day Camp
(Nursing, Respiratory Care, Polysomnography, Paramedic)

June 21, 2023 - 8:30 a.m. - 3:45 p.m.
Current Grade (2022-2023) 9th, 10th, or 11th
You will be notified of your acceptance by phone and/or email.

STUDENT INFORMATION

Name of Student: _____		Age(at the time of Camp): _____	
Name of School: _____		Grade: _____	
Name of Parent/Guardian/Primary Contact: _____			
Mailing Address: _____			
City: _____		State: _____	Zip Code: _____
Home Phone: _____		Cell Phone: _____	
Email address you check frequently: _____			
Best way to contact you? (circle one) Home Phone Cell Phone Email			
T-Shirt Size (circle one): Adult: S M L XL XXL XXXL			

EMERGENCY CONTACTS (please provide two people, who would automatically be the first person we contact)

First Contact's Name: _____ Relationship: _____
Home/Cell: Phone: ____ - ____ - ____ Work Phone: ____ - ____ - ____ ext _____

Second Contact's Name: _____ Relationship: _____
Home/Cell Phone: ____ - ____ - ____ Work Phone: ____ - ____ - ____ ext _____

SAFETY INFORMATION (please list all known conditions so we can accommodate your camper's needs)

Do you have any allergies to medications, food, and/or latex the staff should know about? _____

SPECIAL NOTE: Participants must have transportation to and from Coahoma Community College - Division of Health Sciences - 901 Ohio Ave, Clarksdale, MS.

Applications must be received by May 25, 2023 to your counselor's office.
For more information, please contact Mrs. Aneika Moore at (662) 621-4042

Day Camp Waiver and Release of Liability Form

I hereby give my permission for my child(ren) to participate in the Coahoma Community College Division of Health Sciences Day Camp. Participation in any program which involves physical activity exposes the camper to certain risks and dangers. Accidents and injuries are always a possibility, and it is impossible to foresee and protect the camper from all conceivable dangers. I hereby affirm that my child(ren) has/have no conditions that would make it unsafe for him/her/them to participate in the camps program(s) selected. I understand that we are in the midst of a global pandemic and that the highly contagious nature of COVID-19, and the fact that individuals infected with COVID-19 may be asymptomatic, creates a risk of infection from any activity involving contact with others. I acknowledge that the college has implemented reasonable preventative protocols, policies and procedures designed to reduce the spread of COVID-19 during the Health Sciences Day Camp. I voluntarily assume the risk that my child(ren) may be exposed to or infected by COVID-19 while attending the Day Camp. I understand that the School may exclude my child(ren) from Camp in the event that I or my child(ren) fail to abide by the institution's health and safety protocols, disrupt, impede or interfere with the operations of the Day Camp, or threaten the health, safety or welfare of other participants or Summer Camp staff. Medical Consent: I understand that the institution will make every effort to contact me in the case of an emergency. I give my permission for the institution to administer to provide and arrange for and consent to any necessary medical treatment for my child(ren) while at the Day Camp, including onsite and offsite emergency care. I accept responsibility for the costs of all such medical treatment.

I accept I decline medical care for my child(ren)

Photography Release: In consideration of child(ren)'s participation at the Coahoma Community College Division of Health Sciences Day Camp, and without any further consideration from the institution, I hereby grant permission to the institution, staff and affiliates to utilize my child(ren)'s appearance, performance or voice in any and all manner and media throughout the world for the purpose of promotion, reporting or publication. The institution may use my child(ren)'s, likeness, voice and biographical material in connection with publication, promotion, exhibition and distribution of such material. I understand that no royalty, fee or any other compensation of any kind shall become payable to me by reason of such release and use of any photograph.

I accept I decline photography release for my child(ren)

By signing this Waiver and Release of Liability, with full appreciation of the risk involved, on my own behalf and on behalf of my child(ren), I hereby voluntarily release and forever discharge the institution, its trustees, officers, employees, agents, insurers and contractors from any and all legal or financial responsibility for any personal injury, disability, illness, damage, medical expense or death, arising from or related to my child(ren)'s participation at Coahoma Community College's Division of Health Sciences' Day Camp. I agree, for myself and my child(ren), not to make any type of legal or equitable claim on the institution, or any of its trustees, officers, employees, agents, insurers or contractors with respect to any injury I or my child(ren) may suffer, whether or not it arises through the negligence, omission, default or other action of anyone affiliated with the institution, including other campers. I further agree that if any such claim is made, I will indemnify and defend the institution with respect to any such claim, injury or damage.

Printed Name of Camp Attendant

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date