

*Bedford County 21st CCLC Virtual Summer 2020 Camp Parent Permission Form
Secondary Program*

Student Information:

Student's Name: _____ Date of Birth: _____

Grade in 2020-21 school year: _____ School _____

Student's E-mail address _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Summer Camp will run from Monday June 15, 2020 through Wednesday July 22, 2020

Parent/Guardian Information:

Parent/Guardian # 1 Name: _____

Home Phone: _____ Work Phone: _____

Cell: _____ E-mail: _____

Mailing Address (leave blank if same as above): _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian # 2 Name: _____

Home Phone: _____ Work Phone: _____

Cell: _____ E-mail: _____

Mailing Address (leave blank if same as above): _____

City: _____ State: _____ Zip Code: _____

Does your child have any physical limitations and/or food or other allergies? ___Yes ___No. If yes, please explain _____

PROGRAM INFORMATION/RULES

Please carefully review these program rules and keep the attached copy for future reference.

1. **All school rules apply to the Camp program.** All rules as outlined in the students' handbook, including technology device rules, will apply to all activities.
2. Students are expected to be respectful and courteous and observe online rules/etiquette as described in their school district's internet user agreement.

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3. Virtual camp live sessions will run from 9:00 a.m. to Noon Monday through Wednesday, June 15, 2020 through July 22, 2020.
4. If a student is registered to attend on a given day and is not able to log on, a parent/guardian should e-mail the camp coordinator. Contact information information will be provided prior to the start of camp.
5. Parents give permission for Camp staff to have access to school-day records, including, but not limited to health, classroom grades, test scores, attendance, etc., with the understanding that this information will be kept confidential.
6. By signing this form, you are giving permission for your child to respond to surveys, which provides data to help your child in the program and/or to be used in the assessment of the program.

7. I, the undersigned individual and as parent/guardian of this minor, ask that he/she be admitted to participate in a program sponsored by the Bedford County 21st CCLC Consortium. I do hereby agree to release, discharge, and hold harmless the Bedford County 21st CCLC Consortium and Bedford Area School District, its officers, agents, and employees of and from all causes, liabilities, damages, claims, or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor's attendance in the activities held in connection with the program offered by the Bedford County 21st CCLC.

I agree to register my child in the 2020 Bedford County Summer Camp and further agree to the Program Information/Rules.

Name

Date

E-mail completed form to: steamintosummer@gmail.com, fax (814) 623-7234 or mail to:

**Summer Camp Registration
Bedford County 21st CCLC Consortium
195 Pennknoll Rd.
Everett, PA 15537**