

*Bedford County 21<sup>st</sup> CCLC Virtual Summer 2020 Camp Parent Permission Form  
Elementary Program*

**Student Information:**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade in 2020-21 school year: \_\_\_\_\_ School: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Student e-mail if available \_\_\_\_\_

Summer Camp will run from Monday June 15, 2020 through Thursday July 23, 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 rules, will apply to events and activities.

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2. Students are expected to be respectful and courteous and observe online rules/etiquette as described in their school district's internet user agreement.
3. Virtual camp will run from 9:00 a.m. to Noon from Monday through Thursday, June 15-July 23.
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 their site coordinator.
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 21<sup>st</sup> CCLC Consortium. I do hereby agree to release, discharge, and hold harmless the Bedford County 21<sup>st</sup> CCLC Consortium and Everett 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 21<sup>st</sup> CCLC.

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

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Name

Date

**E-mail completed form to [steamintosummer@gmail.com](mailto:steamintosummer@gmail.com).**