

# Summer Camps Registration Form



**Davidson-Davie**  
COMMUNITY COLLEGE

Camper's Name \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address \_\_\_\_\_

Apartment # \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Email Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Rising Grade Level**  1st  2nd  3rd  4th  5th  6th  7th  8th  9th  10th  11th  12th

**T-shirt Size**  Youth Small  Youth Medium  Youth Large  Adult Small  Adult Medium  Adult Large  Adult XL

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**Please check a box below for each camp your child will attend (continued on page 2).**

## JUNE 12-15

- |  |   |
|--|---|
| <input type="checkbox"/> Volleyball  | 8 AM – Noon   Rising 5th – 7th graders   \$110  |
| <input type="checkbox"/> Music Production  | 8 AM – Noon   Rising 6th – 12th Graders   \$230 |
| <input type="checkbox"/> Sustainable Agriculture   | 8 AM – Noon   Rising 3rd – 5th graders   \$110  |
| <input type="checkbox"/> Cinematography  | 1 – 5 PM   Rising 6th – 12th Graders   \$230    |
| <input type="checkbox"/> Black Rocket – eSports Apprentice: Streamers & Gamers           | 8 AM – Noon   Ages 8 – 14   \$175               |
| <input type="checkbox"/> U Black Rocket – Pokémon® Masters: Designers & 3D Makers Unite! | 1 – 5 PM   Ages 8 – 14   \$175                  |

## JUNE 19-22

- |  |   |
|--|---|
| <input type="checkbox"/> Basketball  | 8 AM – Noon   Rising 1st – 12th graders   \$110 |
| <input type="checkbox"/> Black Rocket – Beats and Jams: Digital Music Makers | 8 AM – Noon   Ages 8 – 14   \$175               |
| <input type="checkbox"/> Black Rocket – YouTube Content Creators             | 1 – 5 PM   Ages 8 – 14   \$175                  |
| <input type="checkbox"/> Archery   | 8 AM – Noon   Rising 4th – 9th graders   \$110  |
| <input type="checkbox"/> Aquarist for a Day (June 21 only)                   | 8 AM – 5 PM   Rising 8th – 12th graders   \$85  |
| <input type="checkbox"/> Welding (Davie Campus)                              | 8 AM – Noon   Rising 9th – 12th graders   \$175 |

**Please check a box below for each camp your child will attend (additional camps on page 1).**

## JUNE 26–29

- |   |   |
|---|---|
| <input type="checkbox"/> Young Artist   | 8 AM – Noon   Rising 3rd – 5th graders   \$150  |
| <input type="checkbox"/> Fashion & Design   | 8 AM – Noon   Rising 9th – 12th graders   \$150 |
| <input type="checkbox"/> Black Rocket — Smash Brawler: Make Your Own Platform Fighter Game! | 8 AM – Noon   Ages 8 – 14   \$175               |
| <input type="checkbox"/> Black Rocket — Cloud Gamers: Mobile App Development                | 1 – 5 PM   Ages 8 – 14   \$175                  |
| <input type="checkbox"/> Summer Art   | 1 – 5 PM   Rising 6th – 12th graders   \$150    |
| <input type="checkbox"/> Textile Arts   | 1 – 5 PM   Rising 4th – 8th graders   \$150     |

## JULY 10–13

- |   |   |
|---|---|
| <input type="checkbox"/> Sustainable Agriculture                                | 8 AM – Noon   Rising 6th – 12th graders   \$110 |
| <input type="checkbox"/> Black Rocket — Minecraft Modders                       | 8 AM – Noon   Ages 8 – 14   \$175               |
| <input type="checkbox"/> Black Rocket — Roblox Makers                           | 1 – 5 PM   Ages 8 – 14   \$175                  |
| <input type="checkbox"/> Fencing  | 8 AM – Noon   Rising 4th – 9th graders   \$110  |
| <input type="checkbox"/> Mindfulness & Yoga — Morning (July 12 only, 1/2 Day)   | 8 AM – Noon   Ages 8 – 14   \$25                |
| <input type="checkbox"/> Mindfulness & Yoga — Afternoon (July 12 only, 1/2 Day) | 1 – 5 PM   Ages 8 – 14   \$25                   |
| <input type="checkbox"/> STEM Junior  | 8 AM – Noon   Rising 1st – 4th graders   \$150  |

## JULY 17–20

- |   |  |
|---|--|
| <input type="checkbox"/> Black Rocket — Code Breakers     | 8 AM – Noon   Ages 8 – 14   \$175              |
| <input type="checkbox"/> Black Rocket — Cyber Spies       | 1 – 5 PM   Ages 8 – 14   \$175                 |
| <input type="checkbox"/> StormQuest: Blackbeard’s Plunder | 8 AM – 5 PM   Rising 3rd – 7th graders   \$250 |

## JULY 24–27

- |   |   |
|---|---|
| <input type="checkbox"/> Welding (Davidson Campus)            | 8 AM – Noon   Rising 9th – 12th graders   \$175 |
| <input type="checkbox"/> Volleyball: Grades 8-12              | 8 AM – Noon   Rising 8th – 12th graders   \$110 |
| <input type="checkbox"/> High Adventure Camp                  | 8 AM – 5 PM   Rising 6th – 12th graders   \$350 |
| <input type="checkbox"/> Roman Legion                         | 8 AM – Noon   Rising 4th – 9th graders   \$110  |
| <input type="checkbox"/> Cosmetology & Esthetics: Grades 4-7  | 8 AM – Noon   Rising 4th – 7th graders   \$150  |
| <input type="checkbox"/> Cosmetology & Esthetics: Grades 8-12 | 1 – 5 PM   Rising 8th – 12th graders   \$150    |

## JULY 31–AUGUST 3

- |  |  |
|--|--|
| <input type="checkbox"/> Roman Gladiator | 8 AM – Noon   Rising 4th – 9th graders   \$110 |
|--|--|

### Emergency Medical Information

In the case of an emergency in which I/we cannot be reached, please contact.

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Waiver to Carry Emergency Medical Device

**All emergency medical devices (e.g., inhalers and EpiPens) must be carried on the individual’s person at all times while attending camp. This section must be completed by a parent/guardian.**

Due to the potential necessity for immediate medication use imposed by my child’s condition, I hereby request that my child be allowed to keep the appropriate prescribed device on his/her person while participating in all camp activities.

The prescribed device is an  EpiPen  Asthma Inhaler  Other \_\_\_\_\_

### Allergy/Other Information

**Does the individual have any allergies staff should be aware of?**

None  Food  Medication  Environmental (pollen, poison ivy, etc.)

Describe Allergy \_\_\_\_\_

Are there any medical conditions we should be aware of? \_\_\_\_\_

**Liability Waiver**

I hereby register my child/children to participate in the summer camp program at Davidson-Davie Community College. I hereby release Davidson-Davie Community College, including employees, members of the Board of Trustees, contracted personnel, volunteers and any other affiliates from any and all liability for all injuries or damages suffered by my child/children while participating, preparing to participate or otherwise engaged in activities connected with this program. This includes while riding in Davidson-Davie transportation vehicles such as the Davidson-Davie bus, van or cars to or from camp activities.

The undersigned agrees to assume all risks, and recognizes that despite the exercise of reasonable safety precautions by Davidson-Davie Community College, injury is possible whenever one engages in physical activity.

If any emergency arises, I/we authorize emergency treatment or hospitalization when deemed necessary by college personnel.

I/we hereby authorize Davidson-Davie Community College to show and reproduce the name, photographs, pictures, and video taken of my child(ren) for the purpose of promoting the college, its curriculum, and enrichment programs.

\_\_\_\_\_  
*Printed Name (Parent/Guardian if under 18)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature (Parent/Guardian if under 18)*

\_\_\_\_\_  
*Date*

**Release Authorization**

I hereby represent and warrant that the information pertaining to the individual listed above is correct. I am authorized to provide the waiver, health information, and release authorizations contained herein and agree to the camp policies as stated above. I agree to release Davidson-Davie Community College and its agents from any and all liability arising as a result of this waiver.

\_\_\_\_\_  
*Printed Name (Parent/Guardian if under 18)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature (Parent/Guardian if under 18)*

\_\_\_\_\_  
*Date*

### Official Payment Form

Camper Name \_\_\_\_\_

Method of Payment  Check  Money Order  Visa  Master Card  Discover

Payment Amount \_\_\_\_\_

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date (month/year) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ CVV (3 digit code on back of card) \_\_\_\_\_

*Signature of Cardholder* \_\_\_\_\_

*Date* \_\_\_\_\_

Billing Address of Cardholder \_\_\_\_\_

Apartment # \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_

Phone Number of Cardholder \_\_\_\_\_

**Please make checks payable to Davidson-Davie Community College.**

Registration, Emergency Medical Information, Health History, Model Release, and Official Payment forms should be mailed to:

**Davidson-Davie Community College**

**Attention: Business Office**

**P.O. Box 1287**

**Lexington, NC 27293**

*You may also fax all completed registration and payment forms to the Business Office at 336-249-0379.*



**Davidson-Davie**  
COMMUNITY COLLEGE