

SOUTHEASTERN COMMUNITY COLLEGE
Educational Talent Search Program
STEM Music Camp Application
July 26 – 29, 2021
9:00 am – 12:00 pm

School _____

Student's Name: _____ Shirt Size: _____ Age: _____

Address: _____ City: _____

State: _____ Zip: _____ Home Phone Number: _____ Cell: _____

E-mail: _____ Male ___ Female ___

Parent cell: _____

Parent email: _____

To be selected to attend the STEM Music CAMP a copy of the student's academic transcript or most recent report card and an Educational Talent Search application (if the student is not currently enrolled in ETS) needs to be included with the application.

EMERGENCY MEDICAL INFORMATION

In the event that (child's name) _____ should require emergency medical treatment and reasonable attempts to contact me have been unsuccessful, I give my consent for admission of emergency medical treatment deemed necessary by the licensed physicians or dentists at a nearby hospital, emergency facility or hospital of preference. I assume financial responsibility for any injuries that may occur while he/she is enrolled in Camp Cardiac Care.

Insurance Information: _____

Physician: _____ Dentist: _____

Hospital: _____ Signature of Parent/Guardian: _____

Please list below any allergies (food, medication or other) or medical conditions (such as ADD, medications taken) we should be aware of:

Parental Release Waiver

I understand and agree that Southeastern Community College and KRE8ivU may use photographs and audio of participants of this Music Camp for use on the Southeastern Community College website, in college publications, press releases, and showings on the college television channel and for KRE8ivU. **The below signed parent or legal guardian of the above-named minor child hereby consents to and gives permission for the use of such images as part of the Music Camp for promotional and historical purposes.**

As the parent/guardian of the above child, I agree to the above conditions.

Parent/Guardian Signature

Date

Student Signature

Date