

Rising Stars 2010

North Central College Tech Prep Consortium

Application for 7th & 8th Grade Rising Stars Camp 2010

NAME:

PHONE:

GENDER:

AGE:

ADDRESS:

CITY

STATE

ZIP CODE

SCHOOL:

Adult Tee Shirt Size: S M L XL

Grade for 2010 - 2011 school year (please circle): 7th or 8th

Have you attended RISING STARS previously? Yes or No

PLEASE CIRCLE THE RISING STARS CAMP WEEK
YOU WOULD LIKE TO ATTEND:

June 14 - 18

June 21 - 25

Please plan to pack a lunch for your child daily; lunch will not be provided.

FEE: \$20 Non-Refundable (Make check payable to NC State Rising Stars)

***Return application with check to: North Central State College
Attn: Cashier's Office
P.O. Box 698
Mansfield, OH 44901-0698

QUESTIONS: Contact Deanna at 419.755.4794

**Space is Limited — Spots filled on a "First Come-First Serve" Basis
with completed paperwork and payment received beginning March 1, 2010**

NORTH CENTRAL STATE COLLEGE
EMERGENCY MEDICAL AUTHORIZATION

Student Name

Social Security Number

Street Address, City, State, Zip

Home Telephone Number

PURPOSE: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under North Central State College care, when parents or guardians cannot be reached.

PART 1 – TO GRANT CONSENT

Parent or Guardian Name

Relationship

Address (if different)

Home Telephone Number

Place of Employment

Work Telephone Number

Spouse's Name (If Applicable)

Work Telephone Number

****IN THE EVENT I CANNOT BE REACHED, NORTH CENTRAL STATE COLLEGE HAS MY PERMISSION TO RELEASE MY CHILD TO THE NAMES LISTED BELOW ONLY.**

Name

Telephone Number

Name

Telephone Number

Dentist to be called

Telephone Number

Doctor to be called

Telephone Number

Health Insurance Company

Group Number

See back page for more information to be filled out...

NORTH CENTRAL STATE COLLEGE
EMERGENCY MEDICAL AUTHORIZATION...

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FACTS CONCERNING CHILD'S HISTORY THAT A PHYSICIAN SHOULD BE ALERTED TO:

Glasses/Contacts: Yes or No

Hearing Aid: Yes or No

Diabetes: Yes or No

Asthma: Yes or No

Seizures: Yes or No

Allergies: _____

Medications Currently Taken: _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above named doctor, or, in the event the named doctor is not available, by another licensed physician or dentist; and (2) the transfer of the child to Shelby Med Central Hospital. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Parent/Guardian Signature

Date

PART 2 – REFUSAL TO CONSENT

I DO NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment I wish North Central State College to take no action or to:

Parent/Guardian Signature

Date

Pursuant to Am. H.B. 1175, SECTION 3313.712, OHIO REVISED CODE

North Central State College / North Central College Tech Prep

RELEASE FORM

Marketing/Public Relations

I, the undersigned, do hereby release all rights or claims in connection with my image(s)/video(s)/comment(s) for use by North Central State College/North Central College Tech Prep Consortium. I understand that the image(s)/video(s)/comment(s), if used, will be for the promotional purpose of assisting North Central State College/North Central College Tech Prep Consortium and I waive any claim to financial remuneration for the use of image(s)/video(s)/comment(s). I also waive any right to inspect or approve the finished image(s)/video(s)/comment(s) and/or advertising copy.

I hereby release North Central State College/North Central College Tech Prep Consortium, its legal representatives and all persons acting under its permission or authority, from any liability by virtue of any blurring, distortion, alterations, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in taking of said image(s)/video(s)/comment(s) in any format thereof, as well as any publication thereof.

* If under 18 years of age, release must be signed by a legal guardian.

| | |
|--|------------------------------|
| _____ | _____ |
| Student's Name | Daytime Home Phone Number |
| _____ | |
| Address, City, State, and Zip Code | |
| _____ | |
| Student's Email Address | |
| _____ | |
| Parent/Guardian Signature | Parent/Guardian Printed Name |
| _____ | |
| Witness Signature | Witness Printed Name |
| <i>For Office Use Only: Image(s)/Video(s)/Comment(s) to be used for promoting the Rising Stars Program / North Central College Tech Prep Consortium / North Central State College. Revised February 1, 2008.</i> | |