



603 West Park Street
Sheldon, Iowa 51201
(712) 324-5061, ext. 630
tgorter@nwicc.edu

NCC Summer Camps 2017 - Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

County of Residence _____ Email _____ Home Phone # _____

Age: _____

Summer Camps: (Please check which camp(s) you are planning on attending. Please mail application, release form, and registration fee to: NCC, 603 West Park Street, Sheldon, IA 51201 ATTN: NCC Summer Camps

_____ CSI (\$10) June 15, 2017 (8 am to Noon) 4th through 8th grade

_____ Drone (\$30) June 19, 20, and 21st (8 am to Noon) 16 years of age and up

_____ Career on Wheels (\$10) June 29, 2017 (9 am to 3 pm) 9th through 12th grade

_____ Health Science (\$10) July 19, 2017 (9 am to Noon) 7th through 12th grade

Parent/Guardian Information (If under 18 this section is required)

Full Name: _____ Relation: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

By signing below, I agree that the above information is accurate and agree to participate in the summer camp activity. (Required if participant is age 18 or older)

Student: _____ Date: _____

By signing below, I authorize my child to participate in the summer camp activity. (Required if participant is under 18 years of age)

Parent/Guardian: _____ Date: _____

Northwest Iowa Community College programs provide equal opportunity to all persons regardless of sex, race, age, creed, color, national origin, religion, sexual orientation, marital status or disability.



Summer Camps – 2017

Participation and Media Release I am the parent or guardian of the student whose name appears below and I have authority to make legal decisions for the benefit of this child.

I, on behalf of the child and for myself, waive any and all claims of liability arising from my child's participation in this summer camp. I agree to defend, hold harmless, and indemnify Northwest Iowa Community College from and against any and all claims of liability that derive from claims that I or my child make against any other parties from this opportunity.

Media: I agree to allow my child's photograph, video tape or motion picture image that includes his/her name or likeness or any recording that includes his/her voice to be used in marketing materials to promote the Northwest Iowa Community College Intermediary Network program. I understand that my child's photo/image will only be used in a positive manner in publications, print advertising, promotional materials or any other media to inform others about the career exploration activities coordinated by the Intermediary Network program and the school districts.

Yes--I will allow my child's image/comments to be used by Northwest Iowa Community College.

No-- I will not allow my child's image/comments to be used by Northwest Iowa Community College.

Student Name (Print) _____

Student Signature: _____ Date: _____

Parent/Guardian (Print) _____

Parent/Guardian Signature _____ Date: _____