

# CAMP COLLEGE 2025



## 2025 Summer Camp Registration Form

(Note: A Registration Form MUST be completed for EACH child participating in a Summer Camp.)

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Upcoming Grade \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

\*Please send a snack to camp with your child each day

Indicate Camp choice(s) by checking the appropriate box(es):

	Name of Camp	Date of Camp	Time of Camp	Location of Camp	Grade Level	Cost
<input type="checkbox"/>	Youth Guitar Lessons	Monday evenings June 16 - July 28 •will not meet June 30	5:30-7:30pm	TB, H 167	Rising 3rd-9th •ages 12 & under must be accompanied by an adult	\$80
<input type="checkbox"/>	*FULL* Little Scientist Camp	June 23-26	9-11:30am	TB, E 406	Rising K-3	\$80
<input type="checkbox"/>	STEM-Elementary	July 7-10	9am-12pm	TB, CFI 137	Rising 3rd-5th grade	\$80
<input type="checkbox"/>	STEM-Middle	July 14-17	9am-12pm	TB, CFI 137	Rising 6th-9th grade	\$80
<input type="checkbox"/>	Dino Camp	July 14-17	9-11:30am	TB, E 406	Rising K-3	\$80
<input type="checkbox"/>	Electronics Camp	July 14-17	1-4pm	TB, CFI 137	Rising 5th-9th grade	\$80
<input type="checkbox"/>	Firefighter Training Camp	July 21-24	1-4pm	TB Fire Dept.	Rising 4th-9th grade	\$80
<input type="checkbox"/>	*FULL* CSI Camp	July 28-31	1-4pm	TB, H 264	Rising 4th-9th grade	\$80

## Parent / Guardian Permission and Consent Form

(Note: A Registration Form **MUST** be completed for EACH child participating in a Summer Camp.)

In the event of an Emergency and I/we cannot be reached, please call the following:

Name: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Emergency Medical Information

Pre-existing Medical Condition(s): \_\_\_\_\_

Allergies: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

In the event that my child should require emergency medical treatment, I give my consent for medical treatment deemed necessary by the licensed physician(s) or dentist(s) at a nearby emergency facility or other health care provider.

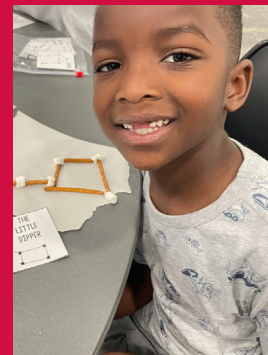
\_\_\_\_\_  
Signature of parent

\_\_\_\_\_  
Date

Tarboro Campus  
2009 W. Wilson St.  
Tarboro, NC 27886

### CAMP COLLEGE 2025

We offer a variety of Camp College summer camps. The Camp College 2025 camps are sponsored by Edgecombe Community College's Continuing Education and Lifelong Learning Departments. Camp participants will enjoy a unique and enriching "Edge." Register your child **TODAY** by calling (252) 618-6614 or emailing [ashmanp@edgecombe.edu](mailto:ashmanp@edgecombe.edu). Visit Camp College webpage at [edgecombe.edu/camps](http://edgecombe.edu/camps). You can also register your child in person by stopping by the Fleming Building/Nina Fountain Wing on the Tarboro campus. Each student must submit a camp registration form, emergency medical form, photo release form, and parent/guardian consent form along with payment to guarantee a spot.





**ECC CAMP COLLEGE PARENTAL ASSUMPTION OF RISK AND GENERAL RELEASE FORM**

Name (Please print): \_\_\_\_\_  
(First) (M.I.) (Last)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ School: \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Legal Guardian (Please print) \_\_\_\_\_ Relationship \_\_\_\_\_

Phone number(s) \_\_\_\_\_

**Emergency Contact Information**

**First Contact**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone(s) \_\_\_\_\_

Email \_\_\_\_\_

**Second Contact**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone(s) \_\_\_\_\_

Email \_\_\_\_\_

**Please Initial Each of the Following Statements:**

\_\_\_\_\_ I fully understand camp availability is limited and registration is on a first-come, first-serve basis. I understand seats are not guaranteed until tuition and fees are paid in full. If the participant identified above is no longer able to attend the selected camp, I agree to notify ECC at least 7 days prior to the first day of camp.

\_\_\_\_\_ I agree to send a snack and drink with the participant identified above to camp daily.

\_\_\_\_\_ **I, the undersigned parent and/or legal guardian of the participant identified above, do hereby consent to his/her participation in Camp College at ECC. I, as the parent and/or legal guardian of the participant and on behalf of the participant, release, hold harmless, and agree to indemnify ECC, its trustees, officers, faculty, staff, representatives, employees, agents, and volunteers, from and against any present or future claim, loss, or liability for injury to person or property which I or the participant may suffer, or for which I or the participant may be liable to any other person, related to the participant's participation in Camp College at ECC, resulting from any cause, including but not limited to ordinary and gross negligence.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## PHOTO AND MULTIMEDIA RELEASE FORM

I understand and agree to allow my name, photograph, story, and video/audio to be used in any number of marketing purposes and communication vehicles for the promotion of Edgecombe Community College ("ECC" or the "College") and instruction and training provided by the College. Marketing purposes and communication vehicles include, but are not limited to, the College's website; magazine articles; web features; advertising on television, online, radio, newspapers, magazines, and specialized microsites; and the College's Facebook page and other social media. Instruction and training may include demonstration projects or activities used in education workshops, classes, or conferences.

I hereby authorize ECC and those acting on its behalf to:

- Record my image, likeness, and/or voice on a photographic, video, audio, digital, electronic, or any other medium;
- Use, reproduce, modify, exhibit, and/or distribute any such recording in any medium for any purpose that the College may deem appropriate, including promotional or advertising efforts and educational activities, with no compensation to me; and
- Use my name in connection with any such recordings.

I understand that I shall have no right to inspect or approve any such recordings and uses and that they shall remain the property of the College.

I release the College and those acting pursuant to its authority from all liability for any violation of any personal or proprietary right I may have in connection with all such recordings and uses.

I have read and fully understand the terms of this release.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Parental Signature (if under 18):

Name: \_\_\_\_\_

Signature: \_\_\_\_\_