

**NEXT STEPS SUMMER CAMP**

**June 28– July 2**

STUDENT APPLICATION:

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

LAST FIRST MIDDLE

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TXT? Y N Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthday: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: M F NB STREET

 High School Grad Yr.?

CITY STATE ZIP

Student Current Grade: 11 12

Career Interest \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ College Choice

Ethnicity (check  one): □ Hispanic □ Non-Hispanic

Language Spoken at Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bilingual: Y N

Is English your second language? Y N

Race (check  one):

□ Asian

□ Black/African American

□ Hawaiian/Pacific Islander

□ More than one

□ Native American/Alaskan Native

□ White

□ Unknown

Parent 1 Name Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 LAST FIRST

Parent 2 Name Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 LAST FIRST

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s email

As parent or guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (student), I hereby grant permission for him/her to attend and participate in the Oregon Pacific Area Health Education Center (OPAHEC) enrichment programs. I also agree to the following pertaining to the above-named student:

Photographs will be taken of my student. OPAHEC may use student photographs, demographics, academic work and samples, etc. in reports, research and public information materials, including electronic publications, or in audiovisual presentations, promotional literature, advertising, or in other similar ways. I give permission to OPAHEC staff to request, receive and store my student’s demographics, school academic and attendance records for individual student confidential advising purposes and program evaluation as well as grant documentation.

I further agree to allow OPAHEC to release for educational purposes, photographs, and video recordings, with/without audio, of activities and projects involving my student’s work.

To hold harmless any employee, volunteer, or staff member of the OPAHEC for any claim of loss, injury or death occurring the course of instruction, as well as during travel to and from program activities.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT SIGNATURE DATE

PARENT DATE