

Summer Camps Registration Form



Expressive Arts Camp

Monkeys, Bones, and Genes: Biological Anthropology Laboratory Camp

Centro Bilingüe: Bilingual (Spanish/English) Camp

Name

Address

City/State/ZIP

Phone

T-shirt Size

Grade

School

Do you give Columbia Basin College permission to photograph/video-tape your child during camp activities? Yes No

These photos may be used in future promotion material. All photographs and videos are the property of CBC.

In the event of injury or illness, if your family physician is not available or is not located in the immediate vicinity and we are unable to contact one or the other parent, does the supervising person have your permission to seek medical attention from the nearest licensed physician and/or hospital? Yes No

If your answer is no, please specify the procedure you wish the supervising person to follow:

My child is covered by medical insurance: Yes No

Allergies: _____

Emergency phone number(s) you can be reached at during camp times:

Doctor's Name _____

Doctor's Phone _____

Please return this application to:
Columbia Basin College
Outreach, MS S4
2600 N. 20th
Pasco, WA 99301