



iCamp @ HACC Student Information Form

Directions:

- 1) Complete student and parent information section
- 2) Complete and sign student release form
- 3) Email Information and Release forms to mmfraker@hacc.edu
- 4) OR
- 5) Mail Information and Release forms to:
 HACC, Central Pennsylvania's Community
 Attn: Angella Dagenhart
 1523 N Fourth Street
 Harrisburg, PA 17110

A registration confirmation and welcome packet will be sent to you via email. This will contain camp location, directions and detailed information.

If you have any additional questions, please contact 717-780-1160 or email mmfraker@hacc.edu.

Thank you!

Section 1 – Child Information

First Name:	Middle Initial:	Last Name:
Date of Birth:	Gender:	
Address:		
City:	State:	ZIP:
Phone Number:		
School Attended:		

Medical/Allergy Information: Please list any medical or allergy information of which the staff should be aware of.

Section 2 – Parent/Guardian Information

First Name:	Last Name:
Phone Number:	
Email Address:	



2019

Student Release, Emergency and Information Form

PLEASE PRINT

Student Name (first, middle initial and last): _____

Address, City, State and ZIP: _____

FOR PARENTS:

I, (please print your name) _____, as the parent/guardian of (please print child's name) _____ undersigned, as the parent/guardian release my child to attend the "Camps/Dates" described above. By signing below, I agree that all requirements, directions and standards set by the staff and use of any equipment or supplies under the supervision of the staff shall be deemed to have been accomplished for the benefit of my child participating in the aforementioned youth program. I also grant permission for any pictures taken of or containing my child to be used for future promotional purposes. Considering HACC's efforts on my child's behalf, I do hereby voluntarily assume all risk of accident, injury, damage and/or loss to my child's property that may arise out of his/her participation in aforementioned youth program. Further, I release HACC, its Board of Trustees, officers, employees and agents associated (or connected with the aforementioned youth program) from every claim, liability or damage of any kind caused by negligence of HACC, its Board of Trustees, officers, employees or agents (involved or otherwise) that may result from my child's participation in the aforementioned youth program.

I assure HACC that there are no medical, physical or other reasons that preclude my child from participating in the aforementioned youth program. I authorize HACC to obtain such medical care, emergency or otherwise, that it may, in its sole discretion, deem necessary for my child. Further, I assure HACC that I have adequate health insurance or personal funds to provide payment for all costs of medical care necessary for my child. I agree to indemnify and hold harmless HACC for any associated with such care.

Parent Signature: _____ Date: _____

FOR STUDENTS:

By signing, I agree that I, (please print your name) _____, am a minor under the age of 18. Although a minor, I along with my parent(s)/guardian(s) are aware of the risks involved with participating in the aforementioned youth program. I understand that as a student participating in the aforementioned youth program, I am required to follow all rules, policies and standards set by HACC youth program staff for my safety and well-being, as well as the safety and well-being of other students, staff and volunteers. By signing, I understand that failure to follow or violation of said rules, policies and standards set by HACC youth program staff may result in immediate dismissal.

Student Signature: _____ Date: _____

EMERGENCY CONTACT INFORMATION

In the event an emergency occurs during youth programming, please contact:

Please Print Name and Relationship	Work/Home Phone:	Cellphone:
1.		
2.		