

NCKTC Tech Boot Camp Participation Form

Note: This form must be completed by the participant and/or parent or guardian in order to participate in the Boot Camp program. **All items must be completed, even if the response is not applicable - - indicated by using N/A (for example: no health insurance).** Failure to complete this form in its entirety will result in the person being ineligible to participate in all activities. Please print with blue or black ink to allow for photocopying.

Name _____		District _____	
Address _____		Birth Date _____	Age _____ <input type="checkbox"/> Youth <input type="checkbox"/> Female
City _____	KS	Zip _____	<input type="checkbox"/> Adult <input type="checkbox"/> Male
E-mail _____		Home Phone _____	

Emergency Contact #1 _____	Phone <input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> C _____	Phone <input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> C _____
Emergency Contact #1 _____	Phone <input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> C _____	Phone <input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> C _____

Name of Family Doctor _____	Doctor's Phone _____
Health Insurance Company _____	Policy # _____
Name of Insured _____	Relationship to Participant _____

HEALTH HISTORY

Does the participant have, or at any time has had, any of following? Check "Yes" or "No" to each item. Please explain any "yes" answers (noting the number of the item) in the space below or on an additional sheet of paper if necessary. Reporting conditions will not prevent a person from attending and will be kept confidential.

- | | Yes | No | |
|---|--------------------------|--------------------------|--|
| 1) Asthma | <input type="checkbox"/> | <input type="checkbox"/> | Please explain "Yes" answers and provide information on recent medical issues (including injuries and surgeries), allergic reactions, special dietary regulations, present medications, any specific activities to be restricted and other comments. |
| 2) Bronchitis | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3) Convulsions | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4) Diabetes | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5) Ear Infection | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6) Fainting | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7) Heart Condition..... | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8) Headaches | <input type="checkbox"/> | <input type="checkbox"/> | |
| 9) Hypoglycemia | <input type="checkbox"/> | <input type="checkbox"/> | |
| 10) Serious Insect Stings | <input type="checkbox"/> | <input type="checkbox"/> | |
| 11) Wear Glasses | <input type="checkbox"/> | <input type="checkbox"/> | |
| 12) Aspirin Allergy | <input type="checkbox"/> | <input type="checkbox"/> | |
| 13) Other Conditions | <input type="checkbox"/> | <input type="checkbox"/> | |
| 14) Penicillin Allergy | <input type="checkbox"/> | <input type="checkbox"/> | |
| 15) Aspirin Allergy | <input type="checkbox"/> | <input type="checkbox"/> | |
| 16) Tetanus Allergy | <input type="checkbox"/> | <input type="checkbox"/> | |
| 17) Other Drug Allergy | <input type="checkbox"/> | <input type="checkbox"/> | |
| 18) Food Allergy | <input type="checkbox"/> | <input type="checkbox"/> | |
| 19) Serious Ivy, Oak or Sumac Poisoning | <input type="checkbox"/> | <input type="checkbox"/> | |
| 20) Other Allergy | <input type="checkbox"/> | <input type="checkbox"/> | |

Date of Last Tetanus Shot _____

The Following over-the-counter medications may be administered to my child, without contacting me.

- | | | | |
|--|------------------------------------|--|---|
| <input type="checkbox"/> Antihistamine | <input type="checkbox"/> Antacid | <input type="checkbox"/> Ibuprofen (Advil) | <input type="checkbox"/> Acetaminophen (generic, Tylenol) |
| <input type="checkbox"/> Decongestant | <input type="checkbox"/> Dramamine | <input type="checkbox"/> Hydrocortisone | <input type="checkbox"/> Polysporin (topical antibiotics) |
| <input type="checkbox"/> Please contact me for permission to administer any over-the-counter medications | | | |

PUBLICITY RELEASE

I authorize North Central Kansas Technical College or their assignees to record and photograph my image and/or voice (or that of my child, if under 18) for use in research, educational and promotional programs. I also recognize that these audio, video and image recordings are the property of North Central Kansas Technical College. **No, I do not authorize use of my – or my child’s – individual image or voice.**

EVALUATION RELEASE

- * I hereby establish my willingness to participate as an adult (leader, other volunteer, parent/guardian, site manager, etc.) and/or give permission for my child (under 18 years of age) to complete evaluations that will be used to determine program effectiveness or to promote the program.
- * I understand that participation in program evaluations is voluntary and that I and my child may choose not to participate and may withdraw from evaluations without impact on my or my child’s eligibility to participate in the Tech Boot Camp.
- * I understand that I or my child may be asked for consent before completing an evaluation.
- No, I am not willing to participate – or give permission for my child to participate – in any program evaluation.

TECH BOOT CAMP CODE OF CONDUCT

As a participant in the Tech Boot Camp program, you have the responsibility of representing NCKTC and yourself to the public. You are expected to conduct yourself in a manner that will bring honor to you, your family, your high school and the college. To do that, you must:

- 1) Conduct yourself and your project work in a manner that is trustworthy, respectful, responsible, fair, caring and in good citizenship.
- 2) Be responsible for your actions by following the rules and being accountable. This includes being in assigned program locations/sessions, abiding by deadlines, times and housing arrangements. If you are unable to participate or need assistance, notify those in charge of the event/program.
- 3) Treat yourself, other people, animals and property with respect, using good manners, dressing appropriately and by not using profanity. You will be personally responsible for any damage caused as a result of your behavior. Know that the use of tobacco, alcohol, and non-prescribed drugs by youth is illegal.
- 4) Demonstrate caring for people other than yourself. Know that harassment of any type is illegal and prohibited at all events.
- 5) Be a good citizen by participating fully, and helping those around you have positive experiences.

MEMBERS: I have read the Code of Conduct above and agree to abide by these expectations. I realize my failure to do so could result in a loss of privileges during events and/or in the future.

ADULTS: I have read the Code of Conduct above and agree to abide by the expectations. I realize my failure to do so could result in a loss of privileges during events and/or in the future.

Participant Signature _____ Date _____

VERIFICATION

I, _____ (parent/guardian or adult participant) understand participants will be supervised and that , if serious illness or injury develops, medical and/or hospital care will be given. I hereby give my permission to the attending physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child or myself and affirm that the information set forth in the Health History is true and correct to the best of my knowledge and belief.

I have read and understand the Code of Conduct, Publicity Release, and Evaluation Release.

I hereby release North Central Kansas Technical College and their agents, from all claims, demands, and causes of action of any kind, including claims of negligence, which may arise from participation of me or my child in this sponsored activity, and this release is specifically granted in consideration of the services, programs and activities, including activities that involve swimming, provided by North Central Kansas Technical College and being allowed to participate.

Parent/Guardian or Adult Participant Signature _____ Date _____