Student’s Name:

This program requires the applicant to submit by mail the following items:

**Mandatory**
- Completed Application Form
- This page
- General Information (page 2)
- Student Expectation Contract (page 3)
- Parental Request to Participate and Release Agreement (page 4 and 5)
- Medical Release & Emergency Contact (page 6)
- Check or Credit Card information for camp fee

A completed application does not guarantee acceptance to this camp. Your application will be reviewed and you will be notified of acceptance. All information must be received by July 15th, 2014. We can accommodate 24 students in this camp, and we will review applications and notify acceptance on a rolling basis. Hence, early application increases your chance of acceptance.

Mail all paperwork and registration fee in a single package to:

Dunwoody College of Technology
Attn: Accounting - Summer Computing Camp
818 Dunwoody Blvd.
Minneapolis, MN 55403
## Computer Technology’s Summer Camp Registration

### General Information

**Camp Attending:** Computer Summer Camp – Aug 4th-8th, 2014

### Student Information:

| **First name:** | | **Last name:** | |
|-----------------|-----------------|

<table>
<thead>
<tr>
<th><strong>Gender:</strong></th>
<th><strong>Ethnicity (Optional):</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(for statistical purposes only)</td>
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</tbody>
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<table>
<thead>
<tr>
<th><strong>School:</strong></th>
<th><strong>Grade (as of Fall 2014):</strong></th>
</tr>
</thead>
</table>

**Student’s Street Address:**

_____________________________________________________________________

_____________________________________________________________________

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<thead>
<tr>
<th><strong>City:</strong></th>
<th><strong>State:</strong></th>
<th><strong>Zip:</strong></th>
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**Student’s Home Phone #:**

<table>
<thead>
<tr>
<th><strong>T-shirt size (Adult Size):</strong></th>
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</table>

### Parent Information:

| **First name:** | | **Last name:** |
|-----------------|-----------------|

<table>
<thead>
<tr>
<th><strong>Parent’s Cell #:</strong></th>
<th><strong>Preferred:</strong></th>
</tr>
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<tbody>
<tr>
<td>(<strong><strong>)</strong></strong>______</td>
<td>Yes/No (Circle one)</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th><strong>Parent’s Work #:</strong></th>
<th><strong>Preferred:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>(<strong><strong>)</strong></strong>______</td>
<td>Yes/No (Circle one)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Parent’s Home #:</strong></th>
<th><strong>Preferred:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>(<strong><strong>)</strong></strong>______</td>
<td>Yes/No (Circle one)</td>
</tr>
</tbody>
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<tr>
<th><strong>Parent’s E-mail:</strong></th>
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</table>

*(this address should be active and checked often as this is our main communication method)*

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Student Expectation Contract

Dunwoody College of Technology has high expectations for all students. The following expectations are designed to promote the well-being of each student and to insure that each child is able to reach his/her fullest potential. Each student will be expected to do the following:

1. Respect the property and feelings of fellow summer camp students, teachers and student assistants as well as all others not directly associated with summer programs (bus drivers, dining hall staff, etc.). Always act in a manner that will promote a classmate's opportunity to learn. Have a positive attitude about learning and involvement during the summer camp.
2. Politely communicate any concerns directly to summer camp teachers or student assistants. No "horseplay" of any kind will be tolerated. Students are representatives of Dunwoody during their involvement with the summer camp programs.
3. No illegal drugs, tobacco, or alcohol are permitted on the Dunwoody campus on summer program participants.
4. No weapons of any kind are permitted on the Dunwoody campus. This includes guns, knives, switchblades, pocketknives, and any other instruments that could be used as weapons. Any student who brings a weapon to a summer program will be handed over to the campus police and immediately dismissed from the program.

A student who violates any of these rules will be dismissed from all summer programs. By signing this page, I acknowledge that my child and I understand the expectations for participation in the summer camp and that any violation of these expectations will result in the immediate dismissal from the summer camp.

_______________________________________   ______________________________________________
Parent Signature  Date   Participant Signature  Date
Student/Participant Name: _______________________________________________________

I am the parent or legal guardian of the above named Student/Participant and am requesting that my child enroll or participate in the following course, program, project, event, or activity (herein collectively referred to as “Activity”) being sponsored by or located on the campus of Dunwoody College of Technology:

Name of Activity: Computer Summer Camp
Date of Activity: August 4th to August 8th, 2014

In consideration of permission being granted for my child to participate in this Activity and for other valuable consideration, the receipt and sufficiency of which are acknowledged, I am entering into this Release Agreement, which extends to the following persons and entities, as well as their trustees, directors, board members, agents, employees, volunteers, contractors, representatives, successors, or assigns, individually and in any capacity or relationship with or for any other.

Dunwoody College of Technology

My child’s enrollment or participation will or could subject my child to numerous dangers or risks of personal injury, even fatal, as well as other injuries or damages. I have explained these risks to my child. These risks and dangers have been considered and, relying on my own judgment, I voluntarily have chosen to allow my child to participate and assume all such dangers and risks. I certify that my child is in suitable health and capacity which allows my child’s enrollment or participation in the Activity.

I knowingly, voluntarily, and for adequate consideration release and waive, and further agree to indemnify, hold harmless, and reimburse each and all of those persons and entities referenced above, from and against any claim which I, my child, any other parent, any relative or any next of kin of my child, or any other person, firm or corporation now or hereafter may have or claim to have (whether known or unknown, seen or unforeseen, directly or indirectly, or within or without the control of those persons and entities), for or on account of any losses, damages, personal injuries, pain and suffering, death, property damage, or contact claims resulting from, or arising out of, during, or in connection with my child’s enrollment or participation in such activity, or the ownership, operations, use, maintenance, or control of any vehicle, equipment or goods provided or used in connection with such activity, or in any way connected with or arising out of instruction, training, emergency care, or operations incidental to such activity. To the extent that any damages arising out of bodily injury to persons or damage to property are caused or result from the sole negligence of any person or entity referenced above, then, I do not agree to release, waive, indemnify, hold harmless or reimburse any such person or entity.

If any emergency medical procedures or treatment are required during the Activity, I consent to the Activity supervisor undertaking, arranging for or consenting to the procedures or treatment in his, her or their discretion and that I will be responsible for any and all expenses or fees related to my child’s medical care. I acknowledge that Dunwoody shall not be liable for any such fees or expenses under any circumstances.
Further, I hereby certify that my child is covered by an accident and health insurance policy that will be in effect at any time my child is participating in an Activity on the campus or, sponsored by, or related to the Dunwoody College of Technology.

In regard to any photographs, video tapes, motion pictures, recordings, or any other reproduction of my image or my child’s image (hereinafter collectively known as “Images”) which Dunwoody had taken of me or of my child or in which I may be included with others during the course of my participation in this program, I hereby grant to the Dunwoody College of Technology permission to use such Images in any media now or hereafter known for any legitimate purpose whatsoever, and to use my name or my child’s name in connection therewith if Dunwoody so chooses.

This Release Agreement shall be construed to be as comprehensive as is allowed by law. Each provision herein is severable, so that should any provision or portion of such provision be held invalid, the remainder of this Release Agreement shall not affect the enforceability of any other portion. This Release Agreement shall not establish a legal or other relationship between or among those released which does not in fact exist. Nothing in this Release Agreement shall constitute a waiver of any legal defense available to any released party herein, including sovereign immunity.

The validity, interpretation, and effect of the Release Agreement shall be governed by the laws of the State of Minnesota.

I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER AND THAT I AM SUFFERING FROM NO LEGAL DISABILITY. I HAVE READ AND UNDERSTAND THIS RELEASE AGREEMENT.

Student’s Printed Name: _______________________________________________________

Signature of Parent/Guardian: _________________________________________________________

Parent’s Printed Name: _______________________________________________________

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Computer Technology’s Summer Camp Registration

Medical Release & Emergency Contact

Student Information – Please Print

Student’s Name: ___________________________ Date of Birth: ___ / ___ / ______ Gender: M/F

Home Address: __________________________________________________________________________________

City: _______________________ State: __________________ Zip: __________________

Emergency Notification (Circle one as Preferred Emergency Contact)

Mother: ___________________________ Home Phone: __________________
Preferred Emergency Contact Daytime Phone/Cell: ________________

Father: ___________________________ Home Phone: __________________
Preferred Emergency Contact Daytime Phone/Cell: ________________

Legal Guardian: ________________________ Home Phone: __________________
Preferred Emergency Contact Daytime Phone /Cell: ________________

Insurance Provider’s Information

NOTE: PARTICIPANT MUST HAVE MEDICAL INSURANCE

Provider’s Name: ___________________________ Provider’s Phone No.: __________________

Policy Number: ___________________________ Insurer’s Name: __________________

Medical Information

Special Medical Condition(s): __________________________

Drug Allergies: ___________________________

Current Medications & Dosages: ___________________________

Special Dietary Needs or Food Allergies: __________________________

Authorization For Medical Treatment

(The completed form must be on file before treatment is arranged/administered.)

I give my permission for such diagnostic, therapeutic, and operative procedures as may be deemed necessary for my son / daughter / ward.

Parent or Legal Guardian’s signature is REQUIRED below if the student is less than eighteen years of age.

_____________________________________________________
Signature of Student Date

________________________________________________________________________
Signature of Parent or Legal Guardian Date
Computer Technology’s
Summer Camp Registration

Registration submission and fee payment

To register and pay for camp please complete the information below. All payments will need to go through the Dunwoody Accounting office. Please include all pages of this application when submitting information.

Registration can be mailed or scanned and submitted via email (credit card payment only for email option).

Please check what sessions you’d like to register:

☐ Main session only (8:30am-3pm) $150

☐ Main Session and Extended Session (8:30am – 5pm) $200

Method of payment

☐ Check enclosed

☐ Credit card – info below

Credit Card information

Name on Card ________________________________

Credit card # ________________________________ Expiration ____________

Security Code __________

Signature __________________________________________

Dunwoody Address for Mailing:

Dunwoody College of Technology
Attn: Accounting - Summer Computing Camp
818 Dunwoody Blvd.
Minneapolis, MN 55403

Dunwoody email address for Scanned copies:

Accounting@dunwoody.edu

Accounting office: 612-381-8228

Questions, Contact:

Rob Bentz
rbentz@dunwoody.edu
612-381-8117

Office use only

<table>
<thead>
<tr>
<th>Student name</th>
<th>Check#</th>
<th>Processed date</th>
</tr>
</thead>
</table>

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