

2019 RMCTC Career Camp – Discovering Careers in Advanced Manufacturing & Construction

Child Registration Form

June 10-14, 2019

Registration Deadline – May 24, 2019

Form must be completed in full. One Camper per form. Please print legibly or type.

_____	_____	_____	_____	F	M
Child's Name	Date of Birth	Grade	Age	Sex (circle one)	
_____	_____	_____	_____	_____	_____
Parent's/Guardian's Name	Email Address	Home Phone	Cell Phone		
_____	_____	_____	_____		
Home Address	City, Zip				
_____	_____				
School District	Attending Middle School				
_____	_____				
Adult T-Shirt Size (please circle one):	Small	Medium	Large	1XL	

Emergency Contacts

_____	_____	_____	_____
Alternate Emergency Contact Name	Home Phone	Work Phone & Ext.	Cell Phone

IMPORTANT Camp Information – REGISTRATION DEADLINE May 24, 2019

To Apply: Complete the attached registration and health/medication forms and return by May 24th to:
RMCTC - Attention Student Services Office, 2615 Warren Rd, Reading, PA 19604

Camp times are from 8:00am – 1:00pm with lunch & transportation provided.

Cost of Camp: No cost to 8th grade students attending the Muhlenberg or Reading School Districts.

PLEASE SELECT TRANSPORTATION BELOW AND COMPLETE THE ATTACHED MEDICAL FORM FOR ALL CAMPERS

Free bus transportation from central locations. Please select preferred location:

Location	Pick Up Time	Drop Off Time
<input type="checkbox"/> Northwest Middle School	7:10 am	1:45 pm
<input type="checkbox"/> Southwest Middle School	7:25 am	1:30 pm
<input type="checkbox"/> Southern Middle School	7:30 am	1:25 pm
<input type="checkbox"/> Northeast Middle School	7:45 am	1:10 pm
<input type="checkbox"/> Muhlenberg Middle School	7:45 am	1:15 pm

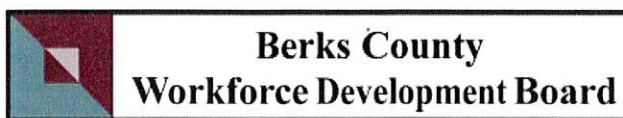
Parent Permissions and Releases:

I give permission for and will accept financial responsibility for my child to receive medications and/or health procedures and emergency medical care as needed. I agree to release and hold harmless the RMCTC and the WIB its officers, directors, agents, and employees from liability from any accident, injury, illness or death sustained by the student listed above. I further agree to the release of my child's picture, name, written work, verbal statements, art, and/or voice for slide or film/video tape purposes including the use of said pictures on television and in magazines, newspapers, and web sites, wherever, whenever, and in whatever manner they shall desire, consistent with good taste which will not be derogatory, degrading or detrimental to me in anyway. I understand that I will not receive any compensation, neither now nor in the future, for the above.

Return completed application to:
RMCTC – Student Services
2615 Warren Rd
Reading, PA 19604

Parent's/Guardian's Signature

Date



2018 HEALTH/MEDICATION FORM

Camper Name:

Age _____ Weight _____ Date of Birth _____ Last Tetanus Shot _____

Insurance Company Name & Policy Number _____ School District _____

Emergency Contacts

Parent Emergency Contact _____ Alternative Emergency Contact _____

Home Phone _____ Work Phone & Ext _____ Home Phone _____ Work Phone & Extension _____

Cell Phone _____ Relationship to Child _____ Cell Phone _____ Relationship to Child _____

Medical Information – Must be completed. Indicate N/A if non-applicable, DO NOT leave blank. Attach additional paper if necessary.

Does your child have allergies to any drug? List the drug & reaction: _____

Does your child have environmental or food allergies? (ex. Pollen, bee stings, poison ivy, peanuts) List type, usual reaction, and treatment: _____

Is your child currently receiving medical treatment for any disease, illness, or condition? Please explain: _____

Does your child have any physical/mental health issues? Please be specific. _____

Does your child have any problems not covered by the above questions? _____

Any medication that is to be administered during camp hours must follow RMCTC policy. If your child needs to take medication during camp hours, your child must report to the Main Office first thing on Day 1 with the medication in the original pharmacy labeled bottle. A Camp Administrator will verify it against this form.

Name of Medication	Dose	How Given	Time Given	Special Ways Given	Reason for Medication
Ex: Concerta	54mg	By Mouth	8:00 AM	Likes to take with Milk	ADD

Parent's/Guardian's Signature _____

Date _____