

**SUMMER YOUTH BRIDGE CAMP**

**Welcome!!**

We are so excited about your interest in participating in the **Summer Youth Bridge Camp** hosted by the Northwest Indian College (NWIC) Financial Literacy Program. The Summer Bridge Camp will be offered to students completing 7th grade to 12th grade during the 2015-16 school year. The Summer Bridge Camp is a one week hands-on interactive learning to discover the true cost of going to college, finding funding for college and taking responsibility for your college experience. NWIC is committed to helping you engage in meaningful opportunities to experience and discover your potential as a learner in higher education. So let’s get started and have some fun!

**Eligibility Requirements**

* Enrolled or 1st generation decedent of a Federally Recognized Tribe
* Have completed 7th-12th grade during the 2015-16 school year
* Commit to attend the entire summer bridge program (one week)

**Camp Dates: please see dates for your grade**

**Grades 7th, 8th, 9th:** Monday, July 11th – Friday, July 22, 2016; 10:00AM – 4:00PM

**Grades 10th, 11th, 12th:** Monday, August 1 – Friday, August 12, 2016; 10:00AM – 4:00PM

**Application Process**

**Interested students must complete the following forms:**

1. Application for the NWIC Summer Bridge Program
2. Emergency contact information
3. One letter of recommendation (to be completed by a current teacher/guidance counselor/school principal)
4. Continuing Education Unit form (for students ages 16+)

**Deadline: Get your application in ASAP!! Camp is limited to 20 students! First Come First Serve**

Completed applications should be sent to: NWIC Financial Literacy Program, 2522 Kwina Road, Bellingham, WA 98226. Notification for Summer Bridge Camp acceptance will be announced on July 1, 2016.

**Information:**

If you have any questions or concerns feel free to contact us. It is going to be an amazing summer and we look forward to hearing from you soon! ☺

Sunny Guillory, Financial Literacy Coordinator Regina James, Financial Literacy Trainer Nathaniel Davis, Natural Science Instructor

email:**sguillory@nwic.edu** email: **rcjames@nwic.edu** **email: ndavis@nwic.edu**

**Phone: 360-392-4280 phone: 360-255-4414 phone: 360-392-4271**



**2nd ANNUAL SUMMER BRIDGE CAMP**

**Section 1: Participant’s Information** Date

Name: I prefer to be called:

Mailing Address:

City: State: Zip:

Home/ Cell Phone: ( ) Email:

Tribal Affiliation: High School:

Grade in School: Age: Date of Birth:

**Section II: Emergency Contact**

Name: Relationship to Participant:

Mailing Address:

City: State: Zip:

Home Phone: ( ) Work Phone: ( )

**PERSONAL RESPECT CONTRACT**

**Respect -** *high or special regard; considered to be deserving of high esteem*

Respect of self is the first aspect of giving respect to others. This respect begins with a relationship with the Creator. We seek to inspire participants of the Northwest Indian College’s Summer Bridge Camp to develop a professional work ethic. We believe a work ethic begins with showing respect to self and those with whom you work. To help you understand such professional behavior, below are outlined **Guidelines of Respect** that should be exhibited by all campers during the Summer Bridge Camp:

1. Demonstrate respect to instructors, special guests, staff and mentors by being attentive, polite and helpful.
2. Exhibit respect to your fellow campers by being courteous and considerate. Name-calling, insulting, fighting and violence are never acceptable.
3. Display respect for NWIC property. The abuse of such property will not be tolerated.
4. Arrive on time and be prepared for planned activities.
5. Expect to be proactive participants in all summer camp activities.
6. Dress appropriately. We will be exploring in the field and often get messy. Additionally, immodest dress are a distraction and unsuitable for field activities.
7. Use or possession of illicit Drugs and Alcohol is unacceptable. If caught with or using drugs, drug paraphernalia or alcohol while at the Summer Bridge Camp, you will be sent home immediately.
8. Attain adequate sleep. Being well rested allows you to be refreshed and ready for camp activities.
9. Speak up if you need assistance. Male and female mentors will be with you during the day. They will be available to help you for any need or problem you may have.
10. Finally, maintain a positive attitude and have fun. Summer Bridge Camp will be an amazing life experience; don’t let a poor attitude ruin that experience.

YES, I can follow these **Guidelines of Respect** and if I show disrespect, I will accept the consequences of my actions. (Please check the box if you agree to these terms)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student** signature

YES, I have read the above guidelines for the Northwest Indian College Summer Bridge Camp and I am confident that my teen can follow them. If my teen shows disrespect, I give Northwest Indian College my permission to send them home. (Please check the box if you agree to these terms)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent** signature

**Emergency Medical Release**

*Northwest Indian College- Summer Bridge Camp*

In an emergency requiring medical attention or a situation reasonably believed by Northwest Indian College (NWIC) authorized agents, including Summer Bridge Camp staff, to be an emergency; I authorize NWIC and its authorized agents to obtain emergency medical care for my child. I will be responsible for any expenses incurred in so doing including but not limited to care by health care professionals, hospital care, and ambulance or other services.

I understand that my parent or legal guardian named in the **Participant Health Form** provided during the application process is both the contact responsible and the final authority regarding decisions of my personal medical care. **Furthermore,** **I agree to indemnify Northwest Indian College, its authorized agents and employees and the staff of Summer Bridge Camp from decisions to seek emergency treatment and will not hold them liable.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please complete the following:**

*Summer Bridge Camp S*tudent Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Doctor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Phone: (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health-Care Providers:**

Name of participant’s primary doctor(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_

Name of dentist(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of orthodontist(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_ \_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional health care provider(s) name(s) and contact numbers:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Insurance Information:**

This participant is covered by family medical and/or hospital insurance [ ]  Yes [ ]  No

Primary Insurance Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subscriber \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insurance Company Phone Number (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Insurance Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subscriber \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insurance Company Phone Number (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of another person to contact in case of emergency if you are not available:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I voluntarily sign this authorization in consideration for permission for my child to participate in *Northwest Indian College Summer Bridge Camp*. I have read it, and I understand its content and significance.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date

(For participant less than 18 years of age)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of *Summer Bridge Camp* Date

Student Participant

**Participant health Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Northwest Indian CollegeSummer Bridge CampLogo.JPGParticipant Health Form(Page 1 of 2)***Mail this form to:*** *Sunny Guillory**2522 Kwina Rd.,* *Bellingham, WA 98226* |  | Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Middle LastAttendance Dates: from: \_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Male [ ]  Female Birth Date \_\_\_\_\_\_\_\_\_\_\_ Age on arrival at camp: \_\_\_\_ Mont/Day/Year | Camper Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (For Camp Use) Group \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  First Middle Last |
|  | ***To Parent(s)/Guardian(s)*: Please follow the instructions below. Attach additional information if needed.**1. ***Complete pages 1 and 2 of this form (and make a copy for yourself).***
2. ***Send the original, signed form to camp by requested date.***
 |
|  |
| Participant Home Address: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street Address City State Zip CodeParent/guardian with residential placement and/or decision-making authority in the event of illness or injury: RelationshipName:­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Phones: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(If different from above)** Street Address City State Zip CodeSecond parent/guardian with legal responsibility/authority to be contacted in case of illness or injury: RelationshipName:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Preferred Phones: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Additional parent/guardian to be contacted in case of illness or injury: RelationshipName:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Phones: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Allergies:** **[ ]**  No known allergies. [ ]  This participant is allergic to: [ ]  Food [ ] Medicine [ ] The environment (insect stings, hay fever, etc.) [ ]  Other***(Please describe below what the participant is allergic to and the reaction seen, in detail. Please describe preventative or responsive measures.)*** **[ ]  This participant has a life-threatening allergy. An emergency care plan signed by physician is required.** |
| **Diet, Nutrition:** [ ]  This participant eats a regular diet. [ ] This participant eats a vegetarian diet (describe details below). [ ]  This participant has special food needs. ***(Please describe below.)*** |
|  |
|

|  |  |
| --- | --- |
| Northwest Indian CollegeSummer Bridge Camp Participant Health FormLogo.JPG ( Page 2/2) | Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Middle LastBirth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month/Day/Year |

 |
| **Medication:** **All medications must be in their original containers.  Prescriptions must have the child’s name and how the medication should be given printed on the prescription container.  Please send only those medications that are necessary.** [ ]  This participant will not take any daily medications while attending the activities.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of medication | Date started | Reason for Taking | When it is given | Amount or dose given | How it is given |
|  |  |  | [ ]  Breakfast[ ]  Lunch[ ]  Dinner[ ]  Other time: \_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  |  |  | [ ]  Breakfast[ ]  Lunch[ ]  Dinner[ ]  Other time: \_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  |  |  | [ ]  Breakfast[ ]  Lunch[ ]  Dinner[ ]  Other time: \_\_\_\_\_\_\_\_\_\_\_ |  |  |

 |
| Comments: |
| **Does the participant require reasonable accommodation for a disability in order to access or be part of the activities?****What Have We Forgotten to Ask? *Please provide in the space below*** any additional information about the participant that you think important or that may affect his or her ability to fully participate in the program. ***Attach additional information if needed.*****This health history is correct and accurately reflects the health status of the participant to whom it pertains. The person described has permission to participate in all program activities except as set forth by me and/or an examining physician. If you fail to advise NWIC of a medical condition, risks to your child may increase. I understand the information on this form will be shared on a “need to know” basis with NWIC staff and volunteers. I give permission to photocopy this form. In addition, the health care provider has permission to obtain a copy of my child’s health record from providers who treat my child and these providers may talk with the program’s staff about my child’s health status**Signature of Primary Residential Parent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent/Guardian:­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***Parent/Guardians: Keep a copy for your records.***  |



**Photo and Feedback Release Form**

On this day of \_\_\_\_\_\_\_ , 2016

As a participant of events held at Northwest Indian College, I, \_\_\_\_\_\_\_ \_\_\_\_, consent that my participation in the Summer Bridge Camp event and to all activities therein is voluntary.

Furthermore, Northwest Indian College has my express permission to utilize all acquired **feedback** (orally, written, or digitally (photograph)) obtained from me during the course of the Summer Bridge Camp events for purposes pertaining to the periodic report of event outcomes and participant comments and concerns. Additionally, I give permission to Northwest Indian College to share key findings and lessons learned from the feedback for the benefit of the broader community and all parties concerned with such information.

Finally, I understand that my personal information (such as my name, contact information and the like) is privileged and confidential and **will not be distributed by Northwest Indian College** **or disclosed in any report** created by Northwest Indian College using feedback obtained during the Summer Bridge Camp.

Participant Signature: (X) Date:

Parent Signature: (X) Date:



**Water and Watercraft consent Form**

On this day of \_\_\_\_\_\_\_ , 2016

As a participant of events held at Northwest Indian College, I, \_\_\_\_\_\_\_ \_\_\_\_, consent that my participation in the Summer Bridge Camp event and to all activities therein is voluntary.

Likewise, I will not hold liable Northwest Indian College for water or watercraft-related injuries sustained while participating in water-related activities. Additionally, I give permission to Northwest Indian College to pursue medical care appropriate to the medical situations related to potential water and watercraft injuries. Furthermore, I understand that my parent or legal guardian named in the **Participant Health Form** provided during the application process is both the contact responsible and the final authority regarding decisions of my personal medical care.

Finally, I will both respect and adhere to all rules and regulations presented by staff and summer camp personnel while participating in water and watercraft-related activities during the Summer Bridge Camp.

Participant Signature: (X) Date:

Parent Signature: (X) Date:

NWIC Student Dormitory