

## **Northwest Indian College GenCyber Cyber Security Camp**

Northwest Indian College Cooperative Extension and Whatcom Community College team up to present GenCyber Cyber Security Camp. The summer camp was created to engage middle school and high school students in career exploration activities, but also for students to experience being a student on NWIC campus and learn more about Linux operating system, digital forensics, fundamentals of cybersecurity, online safety, how data travels through a network and more.

**When:** Monday, July 18 - Friday, July 22, 2022

**Where:** Northwest Indian College Lummi Campus

2522 Kwina Rd Bellingham, 98226 – Log Building

**What time:** 9:00am - 3:00 pm

**What to bring:** All you need to attend is a **completed application and show up ready to learn** in a fun, interactive environment with peers.

**What is provided:** Snacks, lunch, Raspberry Pi computer and monitor.

**How do I apply?**

1. Completely fill out the application and send back through e-mail to [CooperativeExtension@nwic.edu](mailto:CooperativeExtension@nwic.edu) **OR** drop off your application at Cooperative Extension Building 20 at the NWIC Lummi Campus.
2. If you have any questions, please send through e-mail to [CooperativeExtension@nwic.edu](mailto:CooperativeExtension@nwic.edu) and one of our team members will respond ASAP either through e-mail or phone call, whatever is preferred.
3. Once we receive your application we will send an e-mail confirmation, letting you know that your application has been received and you are set to attend on Monday, July 18.

***Space is limited. Applications are prioritized in the order they are received.***

***All are welcome to register.***



**Section I: 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: (\_\_\_\_) \_\_\_\_\_

# Emergency Medical Release

*Northwest Indian College- GenCyber Camp*

In an emergency requiring medical attention or a situation reasonably believed by Northwest Indian College (NWIC) authorized agents, including GenCyber 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 GenCyber Camp from decisions to seek emergency treatment and will not hold them liable.**

---

## Please complete the following:

*GenCyber Camp* Student 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  
(For participant less than 18 years of age)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of *GenCyber Camp*  
Student Participant

\_\_\_\_\_  
Date

**PARTICIPANT HEALTH FORM**



Northwest Indian College  
GenCyber Camp  
Participant Health Form  
(Page 1 of 2)

**Mail this form to:**

Sunny Guillory  
2522 Kwina Rd.,  
Bellingham, WA 98226

Participant Name: \_\_\_\_\_  
First Middle Last

Attendance Dates: from: \_\_\_\_\_ to \_\_\_\_\_

Male  Female Birth Date \_\_\_\_\_ Age on arrival at camp: \_\_\_\_  
Month/Day/Year

**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 Code

**Parent/guardian with residential placement and/or decision-making authority in the event of illness or injury:**

Relationship

Name: \_\_\_\_\_ to Participant: \_\_\_\_\_

Preferred Phones: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(If different from above) Street Address City State Zip Code

**Second parent/guardian with legal responsibility/authority to be contacted in case of illness or injury:**

Relationship

Name: \_\_\_\_\_ to Participant: \_\_\_\_\_

Preferred Phones: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Additional parent/guardian to be contacted in case of illness or injury:**

Relationship

Name: \_\_\_\_\_ 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.)***



**Photo and Feedback Release Form**

On this \_\_\_\_\_ day of \_\_\_\_\_, 2022

As a participant of events held at Northwest Indian College, I, \_\_\_\_\_, consent that my participation in the GenCyber 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 GenCyber 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 GenCyber Camp.

Participant Signature: (X) \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: (X) \_\_\_\_\_ Date: \_\_\_\_\_