

Middle School Technology Camp Registration Form

Participant Information:

- Full Name: ______
- Date of Birth (MM/DD/YYYY): ______
- Grade Level: ______
- School Name: _____
- T-Shirt Size (Circle One): YS / YM / YL / S / M / L / XL

Parent/Guardian Information:

- Full Name: ______
- Phone Number: ______
- Email Address: _____
- Emergency Contact Name: ______
- Emergency Contact Phone: ______

Medical Information:

- Does the participant have any allergies? (Y/N) ____ If yes, please list: _____
- Any medical conditions we should be aware of? (Y/N) ____ If yes, please explain:

Permissions & Agreements:

- I give permission for my child to participate in the Middle School Technology Camp.
- I understand that my child must follow the camp rules and policies.
- I grant permission for photographs/videos of my child to be used for promotional purposes. (Y/N) ____
- Parent/Guardian Signature: ______
- Date: _____

Payment Information:

- Registration Fee: \$20
- Payment Method (Check One):
 - Cash
 - Check (Payable to: Be Noble Inc, PO Box 221, Kendallville, IN 46755)

For questions, please contact: Tara Streb at <u>tara@noblecountyedc.com</u> or 260-636-3800.