



# CAMP NIC Test

Youth Information, Emergency Contact, and  
Code of Conduct Form

### YOUTH INFORMATION:

Last Name	First	Middle	Male or Female
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Birth Date	Age at Camp
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Home Address	City	State	Zip Code
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Custodial Parent/Guardian Full Name	Custodial Parent/Guardian Cell Phone/Telephone #
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Second Custodial Parent/Guardian	Second Custodial Parent/Guardian Cell Phone/Telephone #
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Emergency Contact (if above not available)	Emergency Contact Cell Phone	Relationship
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List Allergies/Medications here: \_\_\_\_\_

\_\_\_\_\_

### DROP OFF-PICK UP:

**Please sign your child in and out of the classroom each day. The pick-up person will be required to show a valid picture ID that matches their name below when picking up your child.**

Indicate each person (including yourself) who is authorized to pick up your child after each day's activity.

Name	Relationship	Telephone/Cell Number
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Name	Relationship	Telephone/Cell Number
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### CODE OF CONDUCT AGREEMENT:

All participants in the Camp NIC program are expected to act in a responsible and courteous manner at all times. If a behavior problem arises, NIC staff will first discuss the problem with the participant. If the problem(s) is severe, the parent/guardian will be contacted to discuss the problem with their child. If the problem(s) continue, the participant may be asked to leave the program and possibly forfeit participation in future program activities at Camp NIC.

Examples of behavior that may result in a participant leaving a program include, but are not limited to, fighting, destruction of property, and stealing. Behaviors that will result in automatic dismissal from all programs; consumption or possession of alcohol; use or possession of tobacco products or illegal narcotics; and possession of a weapon.

**Participant:** I have read, understand, and agree to act in a responsible and courteous manner at all times for the Camp NIC course.

<b>Print Participant Name</b>	<b>Signature of Participant</b>	<b>Date</b>
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**I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE TERMS.**

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_



North Idaho College

# Learning for Life

Workforce Training and Community Education

**Thank you for choosing North Idaho College-Workforce Training Center**  
Please take a moment to complete the student intake process by completing this form.

Student First Name	Middle Name	Last Name
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### Waiver of Liability

I acknowledge I am acquainted with the dangers and risks of this class or workshop. I also am of the appropriate skill level and physical condition to undertake the rigors of this class. If I have any doubts about my physical or medical condition, I will seek medical advice. **I have made a careful decision that I am willing to accept and assume all risks.**

I understand that NIC Workforce Training Center is not responsible for the safety of personal vehicles, nor does it provide insurance. I also understand that personal medical insurance is not provided and I am responsible for obtaining proper personal insurance coverage.

I will not, nor will any of my heirs, hold the State of Idaho, North Idaho College, or NIC Workforce Training and Community Education and their employees and volunteers and other class members liable for any injuries or death or property loss. It is my specific intent and purpose to release, to indemnify, to hold harmless, and to forever discharge the State of Idaho, North Idaho College, NIC Workforce Training and Community Education, and their employees and volunteers, from all claims, demands, actions, or causes of action on account of my death or on account of any injury to me which may occur from my participation therein, as well as all activities incident thereto.

### Authorization for Sharing

I authorize North Idaho College-Workforce Training Center to exchange pertinent information (e.g., directory information, class schedule, attendance, academic progress, health documentation, credentialing) about me with the following person(s), agency, or instructors (includes the use of email).

Authorized Parent/Guardian Names: \_\_\_\_\_

Other Authorized Individuals/Agencies: \_\_\_\_\_

Decline:

Confidentiality cannot be ensured in the following situations for individuals not listed above

- A signed "release of information" form requesting or agreeing to the release of information to other specified people.
- The development of a concern regarding the student's safety or the safety of others requiring necessary action to prevent harm.
- If a court orders the release of information to service the cause of justice.
- If there is knowledge or suspicion of child or elder abuse.
- If the student reports sexual harassment.

I understand that information about me will be used for professional/educational purposes only, and I permit to release information about me within the above parameters. I have reviewed the conditions of this request to my satisfaction and realize that I can revise this authorization at any time by contacting the program coordinator.

### Model/Media Release

I give North Idaho College the right and permission to copyright and/or publish, or use photographic portraits, pictures, videos, or testimonials, in which I may be included in whole or in part, or composite or distorted for publication, printed or electronic advertising, art, trade or any other lawful purpose whatsoever.



Student Signature \_\_\_\_\_

Date \_\_\_\_\_

**If under 18 years of age:**

Parent/Guardian Printed Name \_\_\_\_\_



Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_