



SOUTHEASTERN COMMUNITY COLLEGE

Student Information 2016

Thank you for registering for Kidtek U. This required information sheet must be returned **by May 31, 2016** to be guaranteed your t-shirt size. The following information is needed to complete the registration process.

Student Information

Student's Full Name: _____ Sex: _____ Grade (As of August 2016): _____

Camps Attending: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Alternate Phone: _____

School Name: _____ School District: _____

Please provide email address for communication about camp(s): _____

Medical/Emergency Information

Does your student have any medical, physical or emotional conditions, require special accommodations or require medication on a regular basis? _____ NO _____ YES

If yes, explain: _____

Emergency Contact: _____ Relationship: _____

Emergency phone Number: _____

Insurance Company and Policy Number: _____

Authorization

I have read and reviewed with my child the **Student Expectations and Parent Information** form _____ YES

Parent/Guardian Signature: _____ Relationship to Child: _____ Date: _____

Photo Agreement

Photos taken during Kidtek U activities may be released to newspapers, posted on SCC bulletin boards, or released for other media and advertising purposes. Photos of my child _____ May _____ May NOT be used as stated above.

Parent/Guardian Signature: _____ Date _____

T-shirt size: Youth S ___ Youth M ___ Youth L ___ Youth XL ___ Adult S ___ Adult M ___

Add the following email to receive future Kidtek U updates: _____

Please return completed form to: Email: kidtek@scciowa.edu, Fax: 319-752-3407, or
Mail: CBIZ, Attn. Kidtek U, 601 N 4th St., Burlington, IA 52601