



2021 WILDCAT CONTRAPTION CAMP APPLICATION

- Please complete one application form per child and attach separate payment with each application
- Please complete the Medical Treatment Release form at the bottom of this page

Student Name: _____ Age: _____
 School: _____ T-Shirt Size: _____
 Parent / Guardian Name (s): _____
 Home Address: _____
Street Address City Zip Code
 Telephone Number: _____ Email Address: _____

PERMISSION FORM

I, hereby give permission for _____ to receive emergency treatment at a local medical center or at any hospital or doctor the school deems appropriate.

Parent / Guardian Signature: _____

Please give the name and phone number of an **emergency contact** in case parent(s)/guardian(s) cannot be reached. Bishop State Community College, the camp director, and the instructors do not carry insurance for injuries or health related claims. The parent(s)/guardian(s) are responsible to carry insurance for each child they enroll.

Emergency Contact Name & Number _____
 Approved Pick -Up Name & Number _____
 Approved Pick -Up Name & Number _____

June 14 - 25, 2021
 8:00am - 12:30pm
 Times may be extended to accommodate travel and in-town excursions
 Pick - Up and Drop - Off should be within 15 min of designated start and end times. Minors cannot be left unattended on the college campuses.

Questions ??
 Symantha McDonald
 smcdonald@bishop.edu
 (251) 405 -7017

Enrollment is limited. Applications will be accepted on a first-come, first serve basis. Scholarships may be available. Acceptable forms of payment include all major credit /debit cards, money orders & cashier checks.

FOR OFFICE USE ONLY	
Date Received	Accepted