



Carteret Community College Youth Programs



Health Heroes Camp Registration Form

Camp Dates: June 8 - June 11, 2026 | Monday - Thursday

<i>Camper Information</i>			
Camper's Full Name:			
	Last Name	First Name	Nickname
Parent/Guardian's Name:			
	Last Name	First Name	
Address:	Street Address		Apartment/Unit #
	City	State	Zip Code
Day Time Phone Number:			
Cell Phone Number(s):			
	First Cell Phone Number		Second Cell Phone Number
Work Phone Number:			
Email Address:			
Date of Birth of Camper		Grade Completed by Camper	
T-Shirt Size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	S	M	L
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		XL	2XL
			3XL
Scan & Email or Mail/Deliver Completed Application to: Carteret Community College Foundation Attn: Camps 3505 Arendell Street Morehead City, NC 28557			

What school does this student attend? _____

Interest & Participation

Have you previously attended a health science or related camp? _____

What areas of health science interest you most? (Check all that apply)

- Nursing
- Emergency Medical Services (EMS)
- Nutrition & Wellness
- Mental Health / Human Services
- Other: _____

ALL FORMS MUST BE RECEIVED BY JUNE 1



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the importance of abiding by the following code of conduct.

I will follow the camp schedule. I will bring only the listed items to camp (no weapons, electronic items, etc.). I will respect counselors, directors, and other campers by not using foul language, name calling or fighting. I will follow all safety rules set forth by the college staff.

Camper Signature: _____ **Date:** _____

I agree to help my child abide by this code of conduct.

Parent/Guardian Signature: _____ **Date:** _____

Authorization of Treatment:

I hereby give my permission to the medical personnel selected by the college to order treatment and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give my permission to the physician to secure and administer treatment, including authorization for my child named above.

(Parent must submit completed Carteret Community College Medical Form three weeks prior to the first day of camp).

Initials: _____

Release Statement:

I acknowledge that there are natural hazards associated with day camp and related activities in outdoor and indoor settings. I hereby affirm that my child is in good health and physically capable of performing the required activities of camp. In consideration of Carteret Community College accepting my child and to the extent permitted and provided by State Law, I hereby release and forever discharge the State of North Carolina, its units, agents and employees from all claim of liability for any damages or injuries which may be sustained while my child is at camp.

Initials: _____

Photo Release:

I hereby give my permission for my child's photograph, videotape, and/or audiotape to be used by Carteret Community College publications or video programs.

Initials: _____

Travel

I give my permission for my child to travel in the college van throughout the campus and to field trip destinations which correlate to the camp lessons. I understand that I will be informed of the field trips scheduled for the week of camp week on the first day of camp.

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Initials: _____

Note: By initialing above, you acknowledge that you have read and agree to each item.

Release of Minors:

All campers are released at the end of camp to their parent/guardian or one of the individuals listed on their form. **NO EXCEPTIONS!** The camp will release the camper to either parent/guardian listed on the application unless directed by a court to do otherwise.

REMINDER: Photo Identification must be provided at time of pick up.

In addition to names already listed on this application, my child may be released to the following individual(s).

Name:	
Telephone Number	
Relationship to Camper	
Name:	
Telephone Number	
Relationship to Camper	
Name:	
Telephone Number	
Relationship to Camper	

Parent/Guardian Signature: _____

Date: _____

Summer Camp Medical Information Form

Camp Title:		Camp Dates:	
Participant's Name:			
Age:		Date of Birth:	

Please complete the following immunization information for our records:



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Month/Year	Immunization
	DTP (Diphtheria, Tetanus, Pertussis) If more than ten years ago, a booster shot is recommended.
	OPV (Polio Oral)/ IPV (Polio Injected)
	HIB (Haemophilus Influenza)
	MMR (Measles, Mumps, Rubella)
List any known conditions, diseases, recurring or chronic illnesses, etc... which may limit or restrict the above person from participating in camp activities:	
List any food/insect/medication allergies:	

College staff is not permitted to dispense prescription medications and/or over-the-counter (OTC) medications.

I hereby certify that my son/daughter is fully capable of participating in this camp program.

Date: _____

Parent/Guardian Signature: _____

In the event of an emergency, if I cannot be contacted, you have my permission to treat my child. I hereby authorize the college staff to transport my child in the case of an emergency to a location where medical treatment will be provided. I understand that the consent and authorization herein granted does not include major surgical procedures and is valid only during the above camp at Carteret Community College:

Parent/Guardian Signature: _____ **Date:** _____

Insurance Company:	
Policy Number:	
Name of Child's Pediatrician	
Telephone:	



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About The North Carolina GSK Foundation

The North Carolina GSK Foundation is an independent 501(c)(3) organization whose mission is to support science, health and education across the state of North Carolina. The Foundation works to build coalitions of individuals and organizations to combine resources and focus efforts to more effectively meet the critical educational needs of the state. Our efforts typically support pilot programs, expansion efforts, and mentoring for STEM and healthcare careers. The Foundation is dedicated to supporting educational programming that fosters innovative learning, particularly in underserved areas, while addressing critical community and state issues.

The Foundation's Ribbon of Hope \$50,000 grant program supports activities to establish or expand community educational programs in science, health and education impacting a specific county in North Carolina. Educational programs on many levels, and often enhancing STEM, literacy, at-risk youth and underserved children are the cornerstone for our Ribbon of Hope grants.

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