



2024 EASTERN NORTH CAROLINA ANATOMY & PHYSIOLOGY CAMP REGISTRATION INFORMATION

CAMP INFORMATION

- Designed for students currently enrolled in grades 8-11 during the 2023-24 school year
- Hours: 9:00 am to 3:00 pm
- Dates:
 - **July 24th, 25th, 31st & Aug. 1st** (two Wednesdays and two Thursdays over two different weeks)
 - Throughout the four-day event, campers will have the opportunity to explore their curiosities about the human body. Campers will begin the week investigating the systems of the body and learning anatomical terminology and directional terms. Through dissection, campers will gain an understanding of the digestive, circulatory, and muscular systems. Attendees will discover how muscles function with the skeleton to allow for movement. Campers will also investigate the nervous system through the five senses. Campers will learn the basics of microscopy and distinguish between the four human tissues. Using virtual reality, participants will get to investigate all the systems of the body. There will be hands-on activities and content about possible future careers. This camp is great for anyone interested in biology, health-related fields, or veterinary sciences.
- Location: Craven Community College, 305 Cunningham Blvd., Havelock
REDD Building Rm 114 and 128
- Lunch will be provided daily
- **Total cost is \$75.00**
 - \$25 nonrefundable deposit due upon registration.
 - The remainder is due by Thursday, **June 13th, 2024, by 4pm**. Failure to meet this deadline will cancel camp enrollment(s).

COMPLETING THE ENROLLMENT

- Put all the information listed below in one packet:
 - Completed registration form signed by parent/guardian
 - Photography and liability waiver
 - Parental consent/medical information form
 - Behavioral consent form from parent and camper
- Submit the packet with \$25 deposit (or letter of financial need) to the address below.

Mail to:

305 Cunningham Blvd
Havelock, NC 28532
Pay via cash or check

Or hand deliver to:

REDD Building
Room 101C/Student Services
Pay via cash/check/card

Or Scan and Email to:

anatomycamp@cravencc.edu
Pay via phone to 252-444-6001



ANATOMY AND PHYSIOLOGY SUMMER CAMP REGISTRATION FORM

First Name _____ Last Name _____ Preferred Name _____

Address _____ City _____ State _____ Zip Code _____

County of Residence _____ Date of Birth _____

Gender (circle one): Female / Male/ nonbinary

Parent/Guardian's Full Name _____

Daytime Telephone Number _____ Other Telephone Number _____

Email Address _____

School Attended _____

Optional: Ethnic Background (please check all that apply)

- African-American/Black
 Hispanic/Latino
 Asian
 Prefer Not to Answer
 Native American
 Caucasian
 Other _____

PROGRAM INFORMATION

Have you attended any other Science/Technology/Engineering/Math camps before? YES NO

If yes, camp name(s) and date(s) attended _____

How did you hear about this Anatomy & Physiology Camp?

- School Counselor
 Website
 Poster
 Other _____
 School Teacher
 Friend
 Previous Participant (Name: _____)

Please check which grade the student was **enrolled** in during **Spring 2024**

- 8th 9th 10th 11th

SHIRT SIZE: ADULT SM ADULT M ADULT L ADULT XL ADULT 2XL

PARENT/GUARDIAN CONSENT

Signature of Parent/Guardian _____ Date _____

I hereby give my consent for my child's participation, agree to all terms and conditions stated in this application, and certify that all information provided is accurate.



**AUTHORIZATION TO PHOTOGRAPH AND WAIVER OF LIABILITY FOR DAMAGES TO
PERSON OR PROPERTY**

Release executed on _____ (date), by _____ (Name) of
_____ (street address, city, state, zip code), herein
referred to as **Releasor**, in favor of Craven Community College, a state agency existing under the laws of
the state of North Carolina, with its principal office located at 800 College Court, New Bern, NC 28562,
referred to herein as **Releasee**.

Whereas, **Releasee** requires the execution of this Authorization and Waiver in order for the Releasor to
be allowed to participate in said photo shoot; Understanding that without monetary compensation, with
good consideration, the **Releasor** agrees to the following:

Releasor consents to being the subject of photographs of Releasor together with any subject matter
owned by Releasor, and hereby authorizes Releasee to cause the same to be exhibited, with or without
advertising sponsorship, as still photographs, transparencies, motion pictures, television, video, social
media, website content, or other similar media.

Releasor hereby releases Releasee, and any associates, as well as any assignees, from any and all claims
for damages for libel, slander, invasion of privacy or any other claim based on use of the above described
material(s).

Releasor further releases Releasee and any associates, as well as any assignees, from any and all claims
for damages.

Releasor understands that the activities he/she will participate in can be dangerous and may cause
serious or grievous injuries, including bodily injury, property damage, and/or death. The undersigned
Releasor waives all claims for damages (including damages to my person as well as property damages),
injuries and death sustained by me that he/she may have or acquire against Releasees regarding any such
activities. In witness whereof, Releasor has executed this Authorization and Waiver on the day and year
first above written:

Witness _____ Releasor _____



PARENTAL CONSENT/MEDICAL INFORMATION FORM

Craven Community College (page 1 of 2)

Student Name _____

Date of Birth _____

Home Address _____

Health Insurance Company: _____

Policy# _____

In case of emergency, we MUST be able to contact a parent or other responsible party. Please list a daytime phone number and another contact number (work or cell phone):

Parent/Guardian #1: _____

Phone _____

Phone _____

Parent/Guardian #2 _____

Phone _____

Phone _____

If neither parent/guardian can be reached, please contact in case of emergency:

Name _____ Phone _____

My student can be picked up by the following people (including name and phone number):

Name & Phone number: _____

Name & Phone number: _____

The following information must be completed and signed by a parent or guardian:

1. Known allergies (food, drugs, insects, dairy, nuts, etc.)

2. Is the student a vegetarian/vegan? _____

3. Medications currently taking (dose and frequency) _____

4. Special medical concerns or conditions (epilepsy, diabetes, etc.) _____



PARENTAL CONSENT/MEDICAL INFORMATION FORM

Craven Community College (page 2 of 2)

Physician's Name and Phone #: _____

The law requires that parental permission be obtained for medical procedures performed on minors (under 18). The following consent form should be signed by parents/legal guardians so that such procedures can be promptly carried out. We will make a genuine attempt to notify you in case of a serious emergency.

In the event that I cannot be reached at the numbers given above, I, the undersigned parent/guardian of _____, hereby give permission to the staff of Craven Community College Aviation Camp to seek emergency medical treatment for my son/daughter.

We have CPR, and First Aid certified staff on site during the event, but we do not have nurses or medical professionals. We cannot give medicine.

Printed name of Parent/Guardian: _____

Signature: _____

Date: _____



Craven Community College-Havelock Summer Camp Policies and Expectations

Listed below are rules and policies that you should be aware of as you plan your attendance at the Craven CC- Havelock Summer Camp. You will be expected to conform to these rules to help guarantee the safety and well-being of all participants. Failure to do so may result in dismissal from camp.

If you do not abide by these rules, you may expect to be sent home with no refund of participant fees.

- No drugs or alcoholic beverages
- Behavior that disrupts or interferes with your camp experience or the experience of other campers is inappropriate, and campers behaving in such a manner may be asked to sit out of activities and/or be required to go home. **Should a camper not respond positively to requests for positive behavior they may be asked to go home and not return to camp (a refund will not be given).**
- Articles of toys or any items that might cause injury to your child or others are not to be brought to Camp. Items of this nature will be confiscated and returned at the end of the camp.
- Electronic devices of any kind, other than cell phones, should be left at home. Campers are free to request to use Craven Community College phones if needed. Campers whose parents agree to allow them to keep a cell phone with them at camp agree that they are responsible for them and will confine cell phone use to parent contact only at appropriate times. Campers agree that any emergency contact with parents should only be done by a staff member. Campers also agree to respect everyone's privacy and will not video anyone while at camp (unless permission is granted by the instructor).
- Hitting, kicking, pushing, or any action that could be seen as bullying will not be permitted.
- Campers are expected to speak politely and appropriately to other campers and staff at all times.
- Working together and cooperatively is sometimes difficult but something we need to learn to do. Campers are expected to cooperate with one another or seek the assistance of a camp staff member to help with any cooperation issue or problem at camp.

Both the parent/guardian and camper needs to sign below showing they have read and agree to adhere to the behavior expectations while at camp.

Printed name of Parent/Guardian: _____

Signature: _____

Camper signature: _____

Date: _____