



Welcome! We're glad you're interested in the Cybersecurity Summer Initiative camps at City College in the Summer 2024. Campers will be selected for the \$20 week-long event. Campers who complete the full week will take home their own bootable external USB SSD drive.

CAMPER INFORMATION

Name: _____
First Middle Last

School: _____ Grade in School _____

Age _____ Date of Birth _____ Gender: _____

Home Address _____
Street Address City State Zip

EMERGENCY CONTACTS AND PERSONS AUTHORIZED TO PICK UP CAMPER

Parent/ Guardian Information

Primary Name _____
First Middle Last

Home Address _____
Street Address City State Zip

Phone: Cell _____ Home (____) _____ - _____ Work (____) _____ - _____

What is the preferred means of contact? phone email mail

Secondary Name _____
First Middle Last

Home Address _____
Street Address City State Zip

Phone: Cell (____) _____ - _____ Home (____) _____ - _____ Work (____) _____ - _____

What is preferred means of contact? phone email mail

Other Emergency Contact? _____
First Middle Last

Phone: Cell (____) _____ - _____ Home (____) _____ - _____ Work (____) _____ - _____

Other Authorized to Pick Child Up _____
First Middle Last





DATES OF CAMP

Intro to Cybersecurity June 24-28 8:30 am – 12:30 pm City College – 3803 Central Avenue Room B057

ADDITIONAL INFORMATION THAT WOULD BE HELPFUL FOR CAMP ACTIVITIES

Physician &/or Health Insurance (Company, Group number and Agreement number) _____

Preferred Medical Contact Phone (____) ____ - _____

Allergies:

Food Describe _____

Insect bites/stings Describe _____

Drug Describe _____

Other Describe _____

Does the camper have any health concerns or special challenges that we should be aware of in order to ensure a safe camp experience? Yes No

If yes, please explain _____

Is there any information of which we should be aware such as a condition that might impact learning? Yes No

If yes, please explain _____





CAMP EMERGENCY AND MEDICAL INFO

PERMISSION TO RECEIVE FIRST AID

My child is sufficiently fit to participate in this program. The health history information I provided is accurate, complete, and true to the best of my knowledge. I agree to notify the program facilitators of any changes to my child's health and fitness, which may occur before or during the program. Should my child become ill or injured, I give my permission for any representatives of City College or Montana State University Billings to render first aid.

Guardian's Signature: _____ Date: _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT

Montana State University Billings does not provide medical insurance or other medical facilities or services for the participants in Montana State University Billings Youth Camps. To assure that medical treatment may be made available to participants in a timely manner, should the need arise, the University requests that the treatment authorization below is signed by the appropriate parent or guardian. Treatment Authorization Statement. I hereby authorize any licensed medical professional of the Billings medical community to administer to my (circle one) son/daughter/ward, any appropriate medical treatment services which may be necessary to assure physical health and well-being during the period of his/her participation at the Montana State University Billings Youth Camps. It is fully understood and agreed that I shall be responsible for payment of any expense incurred for medical attention and Montana State University Billings or medical professional shall make a sincere effort to contact me to obtain verbal authorization prior to relying on this written authorization.

Guardian's Signature: _____ Date: _____





CAMPER'S WAIVER ACKNOWLEDGEMENT OF RISK

1. I, or my personal health insurance will be responsible for payment of medical services and care for any injuries sustained while on Montana State University Billings, City College campus.
2. To the best of my knowledge, I am free from any known health condition that could hinder or prevent active participation in or otherwise jeopardize the well-being of others in the camp. By signature below, I affirm that I am in good health and that participation in the camp will in no way aggravate any health condition. I will seek medical advice as appropriate. I authorize camp operators to act in their best judgment in treating any injury that I may sustain during camp and agree that all costs associated with such treatment will be at my expense.
3. I agree to, and understand the importance of, following rules and regulations as set forth by camp leaders to minimize risk to myself and others. I will not bring or possess any items which might endanger Participant or others (such as knives, weapons, illegal drugs). Possessing the above, a serious violation of rules, &/or if my behavior jeopardizes my own safety or safety of others, this may result in dismissal at camp operator's sole discretion. In these situations, my guardians will be called immediately. For minor issues regarding my conduct, my guardians will be notified in person or by email.
4. I understand that participants of summer camps at Montana State University Billings are sometimes photographed and videotaped for use in promotional and education materials. I understand that such audio, video, film and/or print images may be edited, duplicated, distributed, reproduced, broadcasted, and/or reformatted in any form and manner without payment of fees. I authorize employees or affiliates of Montana State University Billings to record and photograph my image for use by Montana State University Billings or its assignees in research, educational and promotional programs.
5. I hereby certify that I have read and understand the provisions above. For participants under 18 years of age, the parent or guardian accepts the above terms and grants permissions for the camper's participation on behalf of said minor. The camper will exercise free and voluntary choice to participate in the above-referenced camp, including use of facilities and equipment provided Montana State University Billings.

Camper's Signature: _____ Date: _____

Guardian's Signature: _____ Date: _____

