



Because we provide food during the CSI TechCamp, please list any allergies or other relevant information that you feel we should be aware of:

---

---

CSI promotes an accessible, non-discriminatory learning and teaching environment meeting the needs and abilities of students with disabilities. In accordance with Section 504 of the Rehabilitation Act of 1973 as amended in 1992 and with the Americans with Disabilities Act (ADA) of 1990, Student Disability Services develops specialized accommodations to support the abilities of each individual eligible for such services.

**Contact information for Student Disability Services:**

Ann Flannery, Coordinator  
Student Disability Services  
College of Southern Idaho  
315 Falls Ave  
P.O. Box 1238  
Twin Falls, Idaho 83303

---

<b>Insurance Carrier</b>	<b>Policy Holder Name</b>	<b>Policy Number</b>	<b>Group Name</b>
--------------------------	---------------------------	----------------------	-------------------

I give permission for my son/daughter to take the following prescription medication while at camp:

---

Please note: The camp is not able to supply your child with over-the-counter medications such as aspirin, cold medicine, etc., so please send these medications with your child if you feel they will be needed.

**MEDICAL RELEASE:** (Applicants under 18 years of age only). I understand that I, as parent or guardian, will be contacted in the event of a medical emergency. The Director of ITC or her appointed representative will sign for medical care only if it is the best judgment of the instructor and/or I cannot be reached. I authorize medical care under those circumstances. I certify that me son/daughter is in good health.

**WAIVER OF LIABILITY:** I agree that I will not hold the College of Southern Idaho, or any faculty member or employee of CSI liable for injuries sustained or illness contracted by my child while a student/participant at the CSI Summer Tech Camp. I further agree that I will not hold CSI or its employees responsible for the loss or damage of personal property during the camp.

**CONDUCT:** Students at the CSI Summer Tech Camp are expected to maintain the highest standards of conduct. Unless the camp staff has written authorization from a parent or guardian authorizing the participant to leave the campus, no students will leave the campus unless accompanied by the ITC Director or her designee. Students are expected to take excellent care of the equipment, hardware and software. Any student found in violation of our standards and rules will be sent home. No refund of tuition/registration will be made.

I hereby attest that the information contained in this application is correct to the best of my knowledge. In addition, I have read the policies and fee statement and agree to comply.

**DATE** \_\_\_\_\_ **NAME OF PARENT OR LEGAL GUARDIAN** \_\_\_\_\_  
**SIGNATURE OF PARENT OR LEGAL GUARDIAN** \_\_\_\_\_

**CSI Summer Tech Camp**

I, \_\_\_\_\_, am the parent or guardian of \_\_\_\_\_.  
I hereby give permission for him/her to come and leave the camp (on foot, by car, bicycle, or by any other means) on his/her own without an adult picking him/her up. I will not hold CSI or its employees responsible in case of an accident.

Parent / Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_