This **SUMMER** is the perfect time for you to DISCOVER what it’s like to be a college student at MACC! If you are going into 3rd-6th grade, we want YOU to be a part of MACC’s Summer 2 Discover.

**Have FUN & Discover**
- Science
- Sports
- Art
- Nursing
- Gardening
- Computers
- Drama
- And So Much MORE!

**June 17-19, 2015**
**12:30-5:00 P.M.**

**$30** per child

A FREE T-Shirt and snacks provided by MACC.

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MOBERLY AREA COMMUNITY COLLEGE
Real Life. Real Knowledge. Real People.

101 COLLEGE AVENUE | MOBERLY, MO | 660.263.4100 | www.MACC.edu
MACC-Summer to Discover Application & Health Form
1(660)-263-4100 x11212
June 17-19, 2015

Name ___________________________ Birthdate: Month ___ Day ___ Year ________
Boy __ Girl ___ Name you go by ______________________________
Address ___________________________________________City________ State____ Zip______
School Attended ______________________ Grade student will be in Fall 2015 _____________
Mother’s Name _______________________ Place of Employment ____________________________
Father’s Name _______________________ Place of Employment ____________________________
Phone Numbers:
Mother Home (___) Cell (___) Work (___) ______________________________
Father Home (___) Cell (___) Work (___) ______________________________
Email address(s) _______________________________________________________________

Emergency Contact(s)
Name ___________________________ Number (___)
Name ___________________________ Number (___)

Person(s) to whom child may be released:
Name ___________________________ Relationship to Child _____________________________
Name ___________________________ Relationship to Child _____________________________

By signing this form I give MOBERLY AREA COMMUNITY COLLEGE, Moberly, MO the absolute right and permission to use my child’s photograph(s) in its promotional materials and publicity efforts. I understand that the photograph(s) may be used in a publication, print advertisement, direct-mail piece, electronic media (e.g. video, CD-ROM, Internet), or other form of promotion. I release the College, the photographer, their offices, employees, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use.

Parent’s Signature ___________________________ Date ___________________________

MACC- Summer to Discover Fees:
Registration: $30 (Includes T-shirt and supplies)

T-Shirt Size: (Youth)  Small_____Medium_____Large____X-Large____
                    (Adult)  Small_____Medium_____Large____X-Large____
Health Form

To be completed by a parent or guardian

For health or safety reasons, every person attending the event must submit a completed health form prior to the beginning of the program.

Restrictions on Activities: None  Sports  Other _______________________________________________________________________________________

Restrictions on Diet: _______________________________________________________________________________________

Allergies: (Please List) _______________________________________________________________________________________

Are there any health conditions of which the MACC staff should be aware? (Examples: Diabetes, epilepsy, ADHD, etc.)  Yes  No (If yes please provide details below)

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Will your child be bringing any type of medication to this event?  Yes  No (If Yes please provide details) _______________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

If necessary, I approve of officials taking my child _______________________________________________________________________________________, to the nearest doctor or hospital. I further understand that, should a health problem arise, I will be notified. If I cannot be reached by phone, such medical treatment, including surgery, as deemed necessary by competent medical personnel, would be rendered.

Parent’s Signature ___________________________  Date ___________________________

SPACE IS LIMITED

Please complete both front and back of this form, include payment, and return to your school administration/secretary or Ann Ostermann at MACC, no later than May 12, 2015.