



**MACC-Summer to Discover Application & Health Form**

**(660)-263-4100 x11206**

**June 25-29, 2018 – 1:30pm-5pm**

Name \_\_\_\_\_ Birthdate: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Boy \_\_\_ Girl \_\_\_ Name you go by \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School Attended \_\_\_\_\_ Grade in 2018-2019 \_\_\_\_\_

Mother's Name \_\_\_\_\_ Place of Employment \_\_\_\_\_

Father's Name \_\_\_\_\_ Place of Employment \_\_\_\_\_

**Contact Information:** (Welcome and event information will be e-mailed at least one week prior to event start date)

Mother Phone ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Father Phone ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

**Emergency Contact(s)** (Parent will be contacted first)

Name \_\_\_\_\_ Number ( ) \_\_\_\_\_

Name \_\_\_\_\_ Number ( ) \_\_\_\_\_

**Person(s) to whom child may be released other than parents:**

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: (Unisex)**

(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 MACC by June 12, 2018.**

**Please make checks payable to MACC.**

Moberly Area Community College  
Attn: Amanda Moore  
101 College Ave  
Moberly, MO 65270

