

# FORENSIC CRIME SCENE CAMP

www.indianatech.edu/CrimeCamp

**REGISTRATION FORM:** (PLEASE PRINT NEATLY)

**JUNE 14, 15, 16 9am-5pm**

Camper's Name: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

High School: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Address (if different than camper): \_\_\_\_\_

Email: \_\_\_\_\_

Phone 1: \_\_\_\_\_ [w h c] (w-work, h-home, c-cell)

Phone 2: \_\_\_\_\_ [w h c]

Other Emergency Contact: \_\_\_\_\_

Phone 1: \_\_\_\_\_ [w h c] (w-work, h-home, c-cell)

Phone 2: \_\_\_\_\_ [w h c]

## MEDICAL HISTORY

Allergies: \_\_\_\_\_

History of asthma/seizures/other: \_\_\_\_\_

Will camper have medication? yes no If so, what? \_\_\_\_\_

Other medical info: \_\_\_\_\_

**MEDICAL/SURGICAL RELEASE AND EMERGENCY AUTHORIZATION:** The above health information is true and correct to my knowledge. The person listed above has permission to engage in all camp activities. I hereby give permission to the Indiana Tech staff to select on my behalf, medical personnel and to provide treatment or x-rays for the person listed above. If in the event I cannot be reached in a medical emergency, I hereby give permission to the medical personnel or physician selected by the Indiana Tech staff to hospitalize, secure proper treatment, injections, and/or anesthesia, and/or surgery for the person named above.

Print Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**PHOTO/VIDEO RELEASE:** I hereby give permission to Indiana Tech to use any photographs or video tapes in promotional materials, brochures, and videos that include the above named camper.

Print Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Please enclose this form in an envelope along with a check payable to Indiana Tech for \$100 and mail to:**

Indiana Tech Admissions Department  
Attn: Forensic Crime Scene Camp  
1600 E. Washington Blvd.  
Fort Wayne, IN 46803

**INDIANA TECH**