

#CTE SUMMER ACADEMY REGISTRATION



Permission/Medical Release Form

Date: _____

I, _____ of _____ am the _____ of
 Parent/Guardian Address City, State, Zip Relationship

 Camper's Name _____
 Camper's date of birth _____

I hereby give my consent, for my son/daughter to participate in all CTE Summer Academy activities for Summer 2024. If I am unable to be reached, I consent to immediate medical treatment as required in the judgment of the attending physician while _____ is absent from home.

**Parent/Guardian
Phone Numbers**

Work _____ Work _____
 Home _____ Home _____

Physician _____
 Address _____
 City/State/ZIP _____
 Work Phone _____
 Home Phone _____

Dentist _____
 Address _____
 City/State/ZIP _____
 Work Phone _____
 Home Phone _____

Medical insurance company _____ Policy No. _____
 Name of insured _____

The following information is needed by any hospital or practitioner not having access to a medical history:

Allergies _____ Date of last tetanus shot _____
 Medication being taken _____
 Physical impairments _____
 Other pertinent facts to which a physician should be alerted. _____

If Parent/Guardian cannot be reached in case of emergency call:

First Choice Name _____ (Area code) Phone Number _____
 Second Choice Name _____ (Area code) Phone Number _____

In a medical emergency, I consent to the employees and/or representatives of Virgin Islands Department of Education - CTE Summer Academy to use their discretion in using, taking, arranging for or consenting to the procedures or treatment.

I agree to indemnify and hold harmless the Virgin Islands Department of Education - CTE Summer Academy employees and/or representatives thereof, for any and all claims, arising from or on account of said procedures and/or treatment rendered in good faith and according to accepted medical standards.

I assume the total financial responsibility for the above-named camper and will not hold Virgin Islands Department of Education - CTE Summer Academy responsible in the event of a medical emergency.

 Signature of Parent/Guardian

 Date

 Notary Signature

Signed in my presence this _____ of _____, _____

CTE 2024 SUMMER ACADEMY REGISTRATION



Deadline to return completed registration to juel.mills@vide.vi is May 15, 2024.

CAMPER'S INFORMATION

First Name: _____ Last Name: _____
Birth Date: _____ School: _____
Gender : Male Female Grade entering School Year 2024-2025: _____

CAMPER'S PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____
Physical Address: _____
Mailing Address: _____
Contact Phone Number: _____ Email: _____
Emergency Contact Name (if parent or guardian is unavailable): _____
Emergency #: _____ Emergency #: _____

CAMPER'S HEALTH INFORMATION

Does the camper have any allergies, chronic illness, use an inhaler, or medical conditions? If yes, please describe.

Does the Camper have insurance card School/Private? If yes, please provide copy of the insurance card.

Yes No

INFORMED CONSENT & ACKNOWLEDGEMENT

I hereby give my approval for _____ participation in any and all
(Camper's Name)
activities prepared during the CTE Summer Academy. In case of injury to said child, I hereby waive all claims
against. including all District Office of Career and Technical and Education and the CTE Summer Academy staff.

Print Name

Signature

Date

CTE 2024 SUMMER ACADEMY REGISTRATION



Photo Release Permission Slip

I, _____, hereby grant permission for _____ to be photographed, videotaped, and/or recorded during the 2024 CTE Summer Exploratory Academy Program hosted by the Career and Technical Education – St. Croix District from June 10, - July 5, 2024.

I understand that these photographs, videos, and/or recordings may be used for promotional purposes, including but not limited to, publication in newsletters, brochures, websites, social media platforms, and other promotional materials.

I waive any right to inspect or approve the finished product, including written or electronic copy wherein _____ may be included, and waive any right to royalties or other compensation arising from or related to the use of the photograph(s), video(s), and/or recording(s).

I release the 2024 CTE Summer Exploratory Academy Program, its agents, and employees, from any and all claims, demands, or liabilities associated with the aforementioned use.

This permission is granted indefinitely unless revoked by me in writing.

Parent/Guardian Signature: _____ Date: _____

Camper's Name: _____

Emergency Contact Information:

Name: _____

Relationship to Camper: _____

Phone Number: _____

