

**National Center for Health Statistics**

**Data Detectives Summer Camp 2017**

**Camp Registration Form**

**(For Parents of Accepted Students)**

**NOTICE** - Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: CDC/ATSDR Information Collection Review Office; 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-XXXX).

**Assurance of Confidentiality** - We take your privacy very seriously. All information that relates to or describes identifiable characteristics of individuals, a practice, or an establishment will be used only for statistical purposes. NCHS staff, contractors and agents will not disclose or release responses in identifiable form without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m(d)).

**If accepted, additional forms to be filled by parent/guardian may include...**

Parent / Guardian 1 and 2 information

Name of person who will be picking student from camp daily

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Phone Number

Optional: Name of second person who will be picking student from camp

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Phone Number

Alternative Contacts

In the event of an emergency, I authorize the following individuals to pick up my child from the program

\_\_\_\_\_  
Name / Relationship

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name / Relationship

\_\_\_\_\_  
Phone Number

Please provide any additional information about your child that we should know during his / her attendance at the camp. Include any special needs, important medical history / behavior and / or accommodations needed):\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Photography Release

I grant permission for CDC staff to take pictures or video of my child to be used for marketing purposes without compensation or time limitations.

\_\_\_\_\_

Parent / Guardian Signature

Acceptable Behavior Policy

It is important that all campers receive a positive and rewarding experience while attending our program. In order to ensure a safe and fun environment for all, children

are expected to behave in an acceptable manner and use appropriate language. ANY behavior deemed to be detrimental to or in violation of camp standards will be dealt with by the staff. Unacceptable behavioral instances include, but are not limited to: any form of intended harm to another camper or staff member, bullying or any form of aggression.

I have read and will abide by the camp rules. I understand that camp staff have the right to remove any person from the program that does not abide by these rules.

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Parent / Guardian Signature

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Child Signature