

Application for Oregon Coast Culinary Institute's  
*Oregon Coast Culinary Camp*  
Summer Culinary Camp for High School Students  
**June 17th-22<sup>nd</sup> 2012**

Name: \_\_\_\_\_  
*Last* *First*

Address: \_\_\_\_\_  
*Street* *City* *State* *Zip*

Phone number: \_\_\_\_\_ Date of birth: \_\_\_\_\_

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

School Name and city: \_\_\_\_\_ Grad year: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
*Name* *Relationship*

\_\_\_\_\_ *Phone Number* *Address*

Are there any special accommodations that we need to make? \_\_\_\_\_

\_\_\_\_\_

Students who are under 18 years of age will need to have parent or guardian permission to participate in this program. Please have a parent or guardian read and sign below.

I have agreed to allow my student to participate in a summer program at Oregon Coast Culinary Institute in Coos Bay, Oregon on August 14<sup>th</sup>-19<sup>th</sup>.

I acknowledge that my student will be participating in activities that include some risk of injury. I hereby release Southwestern Oregon Community College, its employees and agents from any injury or damage that my student may suffer as a result of voluntary participation in this activity and I hereby hold harmless Southwestern Oregon Community College, its employees and agents from any and all liability as a result of any injury or damage, of whatever nature, that may result of voluntary participation in this activity. I understand that the college carries no health or accident insurance on the individual students and that I will not hold the college liable for any injuries that may result while my student is involved in normal program activities.

\_\_\_\_\_ *Parent /Guardian Name* *Relationship* *Phone Number*

\_\_\_\_\_ *Parent/Guardian Signature*

**Students please read and sign below**

I have read the above statements and agree to those terms. I have had my parent or guardian read and sign this form. I also understand that there are some hazards involved and that I will take the necessary precautions to be sure that I am not injured nor cause any injuries to any student(s) or staff while attending this program.

\_\_\_\_\_ *Student signature* *Date*

Please send completed applications to: ATTN: Tara Pryor  
Oregon Coast Culinary Institute  
1988 Newmark Ave  
Coos Bay, OR 97420

For more information contact: Tara Pryor  
541-888-1542  
1-800-962-2838  
Ext. 1542  
tpryor@socc.edu

*\*The cost of the program is \$650.00 Payment must be included with the application. No refunds will be issued.\**