



Application for Oregon Coast Culinary Institute's  
**Oregon Coast Culinary Camp**  
 Summer Culinary Camp for High School Students Ages 16 and Older  
**July 18-21, 2019**  
 (Arriving at 4:00 pm Thursday, depart Sunday afternoon)

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

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

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Chef Coat Size: \_\_\_\_\_

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 July 18th - July 21th, 2019. My child will arrive on Thursday, July 18th for check-in and depart on Sunday, July 21st.

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 & payments to: ATTN: Del Clark For more information contact: Del Clark  
 Oregon Coast Culinary Institute 541-888-7195  
 1988 Newmark Ave del.clark@socc.edu  
 Coos Bay, OR 97420

\*The cost of the camp is \$450.00 Should the student choose OCCI for their education, the \$450 will be waived from the price of tuition. Payment must be included with the application. No refunds will be issued.\* Room and board is included, along with a complimentary chef coat.