



Richard Woods, Georgia's School Superintendent
"Educating Georgia's Future"

**2016 MIGRANT EDUCATION
SUMMER PROGRAM
June 5-11, 2016**



STUDENT INFORMATION

County: _____

Student's Name: _____
First MI Last

Name wish to be called: _____ Sex: ☐ Male ☐ Female

PARENT/GUARDIAN INFORMATION (Primary Contact)

Name: _____

Phone: _____
Home Work Cell/Other

CAMP INFORMATION

All students will be housed in a dorm room with twin beds. Students must share a room with one other person. Roommates will be assigned.

In compliance with ADA, GSU honors requests for reasonable accommodations made by individuals with disabilities. Request can be served more effectively if person with special needs list those needs and return this form as soon as possible.

List Any Special Needs: _____

HEALTH RECORD/MEDICAL AUTHORIZATION

Parents of all students are required to provide a complete authorization for medical treatment and a health record for their children. Please print legibly or type, completing all items. The authorization is not valid without proper signature.

PHYSICIAN INFORMATION

Name of student's physician: _____

Physician's phone numbers: _____

Is student presently under the care of the physician? ☐ Yes ☐ No

If yes, please explain condition _____

Date of last tetanus booster (Month/Year): _____

HEALTH CONDITION

Please list any medication being taken: _____

List any physical conditions the staff should be aware of (i.e., asthma, allergies, diabetes, epilepsy, dietary needs, medication, allergies, back problems, ADHD, etc):

TREATMENT PRECAUTIONS

Are there any special circumstances such as religious convictions, legal arrangements, or chronic problems that we should know about before treatment? ☐ Yes ☐ No

If yes, please explain:

INSURANCE INFORMATION

Name of Insured (Medicaid Included): _____

Carrier: _____

Policy Number: _____

Please explain emergency coverage: _____

Agreement

As a participant at the Migrant Education Summer Program and a guest of Georgia Southern University, I am responsible for following all camp rules.

- Will attend all educational classes and will complete all class and program assignments.
- Will respect and follow directions from my counselors and camp director.
- Will follow camp schedule and stay with my group. I will not wander away or leave residence hall or meeting facilities without permission from my adult counselors or camp director.
- Will return all keys issued when requested.
- Understand that I am responsible for replacing any misplaced keys as follows:
 - Room Key \$150.00

Camper's Signature

Parent or Guardian's Signature

Camper's Printed Name

Parent or Guardian's Printed Name

PERMISSION STATEMENT (Parent/Guardian Initial Each Statement)

_____ I hereby give permission for my child to participate in the Migrant Education Summer Program.

_____ I hereby grant permission to Georgia Southern University to seek treatment as may be necessary in the best interest of the health of my child/dependent. I understand and agree that Georgia Southern University is not legally liable, financially or otherwise, for such treatment.

I certify that I am over 18 years of age and suffering under no legal disabilities and that I have read the above carefully before signing.

This _____ day of _____, 20__

Print name of parent or guardian

Print name of Child

Signature of parent or guardian

Witness (18 or older)

PLEASE PRINT FIRST AND LAST NAME

DOB: ____/____/____ PROGRAM: **Migrant Summer Program (6/5/16-6/11/16)**

THIS IS A BINDING LEGAL DOCUMENT. READ CAREFULLY BEFORE SIGNING.

I understand that in accepting this document, Georgia Southern University does not waive any sovereign, governmental, or official immunity that might apply to itself, any state agency or instrumentality, or any state officer, employee or volunteer. I expressly agree that this Release is governed by and interpreted in accordance with the laws of the State of Georgia. Jurisdiction and venue for any actions with respect to this Release or to PARTICIPANT's participation in this event shall only be had in a tribunal of competent jurisdiction in Bulloch County, State of Georgia, United States of America.

☐ By checking here, I wish to opt out of any future communication by the university for informational or marketing purposes. If I do not check this box, I agree to allow use of identifying information contained on this form by Georgia Southern University for tracking purposes and for marketing by the University only (not by third parties).

Email _____ Phone _____ School Name _____

INDIVIDUAL RELEASE FORM

I, the undersigned, hereby grant permission to the Producer (Abbey Hoekzema) of the documentary project(s) titled _____ the right to use my full name, biography, video image, likeness, or audio record activities of me.

I also **grant permission to record** my voice, performance, poses, acts, and use my picture, photograph, silhouette and other reproductions of my physical likeness and voice in connection with the unlimited distribution, advertising, promotion, exhibition and exploitation, and use throughout the universe and in perpetuity and on whatever media is known or hereafter devised.

I agree that I **will not assert, maintain or consent to others bringing any claim**, action, suit or demand of any kind or nature whatsoever against the Producer including but not limited to, those grounded upon invasion of privacy, rights or publicity or other civil rights, or for any other reason in connection with the authorized use of my physical likeness and sound in the documentary as herein provided. I hereby release the Producer, its directors, officers, successors and assigns from and against any and all claims, liability, demands, actions, causes of action(s), costs, expenses and damages whatsoever, at law or in equity, known or unknown, anticipated or unanticipated, which I ever had, now have, or may, shall or hereafter have by reason, matter, cause or thing arising out of the rights granted to the Producer herein.

I, the undersigned, shall **not be given any fees** for the services provided for the above named documentary.

Abbey Hoekzema (PRODUCER)

Interviewee (GRANTOR)

Print Name: __Abbey Hoekzema_____
Name: _____
Signature: _____

Print Name: _____
Signature: _____

(If under 18, parent or guardian must sign)

Parent/Guardian
Name: _____
Parent/Guardian
Signature: _____

Interviewee Address:

Interviewee Phone Number/Email: _____

AGREED AND ACCEPTED this date _____.