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

**Georgia Migrant Education Summer Programs Application**

- ☐ Leadership Academy at Abraham Baldwin Agricultural College, **June 4-16, 2017**  
☐ Leadership Without Limits at the University of Georgia, **June 5-15, 2017**  
☐ GAMEP 9<sup>th</sup> Grade Leadership Academy at ABAC, **June 4-9, 2017**  
☐ Middle School Program at Georgia Southern University, **June 4-10, 2017**  
☐ Middle School Program at Valdosta State University, **June 4-9, 2017**

***(If you are planning to apply to multiple programs, a separate application for each will need to be submitted.)***

**STUDENT INFORMATION:**

Name: \_\_\_\_\_  
First Middle Last

County: \_\_\_\_\_ Name of School: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: M / F Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

Student Email Address: \_\_\_\_\_

Parent/Guardian Telephone Number: \_\_\_\_\_  
Home Work Cell

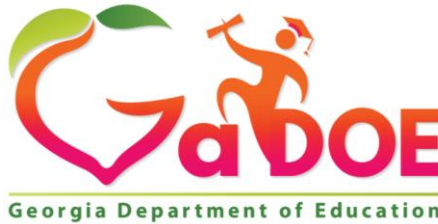
Student Telephone Number (if different): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name Address Telephone Number

Emergency Contact: \_\_\_\_\_  
Name Address Telephone Number

List extracurricular/leadership involvement: clubs, awards, recognitions, sports, interest areas, etc:

\_\_\_\_\_



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**Have you been a participant in one of these summer programs in prior years?**

Leadership Academy at ABAC Yes\_\_ No\_\_  
 Leadership Without Limits at UGA Yes\_\_ No\_\_  
 Middle School Program at GSU Yes\_\_ No\_\_  
 Middle School Program at VSU Yes\_\_ No\_\_

**To be completed by Migrant Staff (Name of Staff\_\_\_\_\_):**

COEstar Number: \_\_\_\_\_  
 Priority for Service Yes\_\_ No\_\_  
 Disciplinary Problems Yes\_\_ No\_\_  
 Regular Attendance Yes\_\_ No\_\_

**Documents to Complete and Upload Along with this Application:**

GaDOE Summer Leadership Academy at ABAC (rising 9 <sup>th</sup> )	GaDOE Summer Leadership Academy at ABAC (rising 10 <sup>th</sup> , 11 <sup>th</sup> , 12 <sup>th</sup> )	1. Application 2. Permission Letter 3. Recommendation Form 4. ABAC Health and Consent Form 5. GaDOE ABAC Release Form for Minors
GaDOE Leadership Without Limits at UGA		1. Application 2. Permission Letter 3. Recommendation Form 4. UGA Application Supplement 5. UGA UHS Form 6. GaDOE UGA Release Form for Minors
GaDOE Middle School Program at GSU		1. Application 2. Permission Letter 3. Recommendation Form 4. GSU Release Health Consent 5. GaDOE GSU Release Form for Minors
GaDOE Middle School Program at VSU		1. Application 2. Permission Letter 3. Recommendation Form 4. 5 VSU-Specific Forms 5. GaDOE VSU Release Form for Minors

Summer program information and the application portal is found on the GaDOE MEP website:  
<http://www.gadoe.org/School-Improvement/Federal-Programs/Pages/Migrant-Education-Program.aspx>

## PARENTAL/GUARDIAN STATEMENT

If selected, I give permission for \_\_\_\_\_ to participate in the following migrant summer program sponsored by the Georgia Department of Education:

Choose one:

- ☐ Leadership Academy at Abraham Baldwin Agricultural College, **June 4-16, 2017**
- ☐ Leadership Without Limits at the University of Georgia, **June 5-15, 2017**
- ☐ GAMEP 9<sup>th</sup> Grade Leadership Academy at ABAC, **June 4-9, 2017**
- ☐ Middle School Program at Georgia Southern University, **June 4-10, 2017**
- ☐ Middle School Program at Valdosta State University, **June 4-9, 2017**

I understand that as a part of this program my child will take part in several different activities which include academic classes, physical activities, career orientation, study skills development, test taking tip seminars, and exposure to different cultures and social interactions. As a result of participating in these activities, I understand and acknowledge that there are risks of property damage and of bodily or personal injury to my child, and I voluntarily assume any and all such risks related to these activities.

For these reasons, I indemnify and hold harmless the Georgia Department of Education, the State Board of Education, the State of Georgia, and their employees, officers, agents, or volunteers from any and all rights, claims, actions, expenses, costs, and damages for injuries sustained to the above-named student's person or property while participating in the migrant summer program.

Please list any allergies, health, or dietary restrictions that affect your child. Include a list of any medications your child is currently taking.

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\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

**\*\* NOTE \*\* Parents/legal guardians are responsible for taking their child(ren) to the university campus on registration day and picking them up after the last day. The Georgia Department of Education employees will not provide transportation to or from a university campus.**

### DECLARACIÓN Para Padres/Tutores Legales

Si resulta seleccionado/a, autorizo a \_\_\_\_\_ para participar en la siguiente Academia de Liderazgo del Programa de Educación Migrante de Georgia patrocinada por el Departamento de Educación de Georgia.

Elija una opción:

- ☐ Academia Migrante de Liderazgo en Abraham Baldwin Agriculture College, **junio 4 - 16, 2017**
- ☐ Liderazgo sin Límites en la Universidad de Georgia, **junio 5 - 15, 2017**
- ☐ Academia Migrante de Liderazgo para 9° en ABAC, **junio 4-9, 2017**
- ☐ Programa para Estudiantes de Escuela Intermedia en Georgia Southern University, **junio 4 - 10, 2017**
- ☐ Programa para Estudiantes de Escuela Intermedia en Valdosta State University, **junio 4 - 9, 2017**

Reconozco que al formar parte de este programa, mi hijo/a participará en diversas actividades las cuales incluirán clases académicas, actividades físicas, orientación de carreras, desarrollo de destrezas para el estudio, consejos para tomar exámenes, y será expuesto/a a diferentes culturas e interacciones sociales. Como resultado de participar en estas actividades, comprendo y reconozco que existen riesgos de daño a propiedad y de posibles lesiones corporales o de ámbito personal hacia mi hijo/a y afirmo que voluntariamente asumo cualquier y todo riesgo relacionado con dichas actividades.

Por lo anteriormente mencionado, yo indemnizo y libero de toda culpa al Departamento de Educación del Estado de Georgia, la Junta Directiva de Educación del Estado, el Estado de Georgia, y sus empleados, oficiales, agentes, o voluntarios de cualquier y todo derecho, reclamo, acción, gasto, costo, y perjuicio por lesiones personales o daño a propiedad del estudiante anteriormente mencionado/a durante su participación en el programa de verano para migrantes.

Favor de anotar cualquier alergia, problema de salud, o restricciones en la dieta que afectan a su hijo/a. Incluya una lista de los medicamentos que su hijo/a está tomando actualmente.

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\_\_\_\_\_  
Firma de Padre(s) / Tutor Legal

\_\_\_\_\_  
Fecha

**\*\* NOTA \*\* Los padres/tutores legales se responsabilizan de transportar al participante al campus universitario el día de inscripción y en el último día del campamento. Los empleados del Departamento de Educación del Estado de Georgia no proveerán transporte hacia o desde el campus universitario.**



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**GEORGIA DEPARTMENT OF EDUCATION  
STATE OF GEORGIA COUNTY OF FULTON**

**RELEASE FORM FOR MINORS**

Participant's Name: \_\_\_\_\_ ("Participant")

Program Title: Georgia Migrant Education Program Leadership Without Limits!

Production Date(s): June 5, 2017 to June 15, 2017

1. In consideration for the opportunity of the Participant identified above to participate in the Program identified above, I grant to the Georgia Department of Education ("GaDOE"), the producer and owner of the Program:
  1. The right to photograph, record, and otherwise reproduce the Participant's image, voice, and/or likeness in connection with the Program in perpetuity;
  2. All rights of use, ownership, and copyright in such photographs, recordings, and reproductions;
  3. The right to distribute such photographs, recordings, and reproductions without limitation by any means; and
  4. The right to use such photographs, recordings, and reproductions and, if necessary, the Participant's name and biographical information to promote the Program.
2. I understand that neither I, nor the Participant, will be compensated monetarily or otherwise.
3. I release GaDOE, its employees, and assigns, and the local school system and its employees, and assigns from all liability for any claims by me, the Participant, or any other person arising in connection with the Program.
4. I agree to indemnify and hold harmless GaDOE for and against all claims by the Participant arising in connection with the Program or this Release, and for all costs or damages resulting from the Participant's disaffirmance of this Release.
5. I certify that I am the parent of the Participant or am otherwise legally authorized to grant this release.

DATE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
RELATIONSHIP to PARTICIPANT

\_\_\_\_\_  
STREET ADDRESS

## RECOMMENDATION FORM

Student's Name \_\_\_\_\_

**STUDENT:** Please take this form to a teacher, counselor, or school administrator who knows you. Ask this person to complete the form and return it to you.

Name of Evaluator: \_\_\_\_\_ Position: \_\_\_\_\_  
School: \_\_\_\_\_ Phone # \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Choose the summer program for which you are applying:

- ☐ Leadership Academy at Abraham Baldwin Agricultural College, **June 4-16, 2017**
- ☐ Leadership Without Limits at the University of Georgia, **June 5-15, 2017**
- ☐ GAMEP 9<sup>th</sup> Grade Leadership Academy at ABAC, **June 4-9, 2017**
- ☐ Middle School Program at Georgia Southern University, **June 4-10, 2017**
- ☐ Middle School Program at Valdosta State University, **June 4-9, 2017**

**TO THE EVALUATOR** The named student is applying for the \_\_\_\_\_.  
Please comment on his/her academic standing and how participation in this project would benefit his/her continuing improvement and academic growth. Thank you for your assistance.

How long have you known this student? \_\_\_\_\_ In what capacity? \_\_\_\_\_

Comments:

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



Participant Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

*This email will be used to send updated information.*

My mailing address has changed since I applied:

- ☐ Yes (complete space below)  
☐ No

Address: \_\_\_\_\_

City: \_\_\_\_\_ State and Zip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian email: \_\_\_\_\_

*This email will be used to send updated information*

Parent/Guardian phone: \_\_\_\_\_

I have completed and enclosed the following forms for **Leadership Without Limits**:

- ☐ Fanning Institute Release and Waiver of Liability (2 pages)
- ☐ Fanning Institute Code of Conduct for Students and Parents (1 page - English or Spanish version)
- ☐ University of Georgia Image Release Form (1 page)
- ☐ University of Georgia Health Form for 2017 Summer Camps and Programs (2 pages)
- ☐ Fanning Institute Medication Administration Policy (1 page)
- ☐ Fanning Institute Medication Release Form and Current Medications (1 page - English or Spanish version)
- ☐ University of Georgia Challenge Course Health History Form and Waiver (3 pages)

Please RETAIN for your use in June:

- ☐ Participant Packing List – Linen provided (1 page)
- ☐ Driving directions to J W Fanning Institute for Leadership Development (4 pages )

**THE UNIVERSITY OF GEORGIA  
J.W. FANNING INSTITUTE FOR LEADERSHIP DEVELOPMENT**

**RELEASE, WAIVER OF LIABILITY, AND COVENANT NOT TO SUE**

***(PLEASE READ CAREFULLY BEFORE SIGNING)***

I hereby acknowledge that my child's voluntary participation in the J.W Fanning Institute for Leadership Development's (Fanning) **Leadership Without Limits** youth program on the dates of **June 5-15, 2017** may involve risks of property damage and of bodily or personal injury to my child. Activities will include, but are not limited to, travel to and from various activities, practice and training in preparation for the various activities, and a ropes course. I hereby give permission for my child to participate in these activities.

I hereby acknowledge that my child may be expected to participate in all activities of the program within and outside of a classroom. These activities may include, but are not limited to, lectures, workshops, using technology, as well as giving presentations, working with other participants, adults, and mentors participating in activities that may include physical activity. Physical activities may include extensive walking, team building activities, swimming, general recreational activities such as, but not limited to, basketball, football, soccer, and other related activities requiring similar physical demand.

I hereby acknowledge that my child's voluntary involvement in these activities exposes him/her to potential risks. These risks include, but are not limited to, slipping and/or falling, rope burns, pinches, jolts that could result in contusions, scrapes, twists, scratches, bruises, sprains, lacerations, fractures, concussions, or even more severe life threatening situations. Furthermore, during any activity I understand that my child may have contact with various plants, animals, and/or insects that could cause injury such as stings, allergies, and associated diseases such as West Nile Virus, Lyme Disease, Rocky Mountain Spotted Fever, etc. More risks include exposure to weather and temperature extremes such as thunderstorms or extreme heat or cold which could cause hypothermia, hyperthermia, heat stroke, heat exhaustion, sunburn, and/or dehydration. Possible risks also include exposure to falling objects, structure collapse, injuries resulting from improper lifting or carrying, injuries from walking on uneven terrain, and injuries resulting from the use of climbing ropes and equipment, including equipment failure. **I hereby assume any and all such risks related to these activities.**

These activities can and may include the following low rope exercises:

- Islands
  - Participants will be standing on elevated, flat platforms approximately 1 foot 6 inches above the ground with other team members while trying to cross to other platforms using a 6 inch to 8 inch wide board (again, off the ground)
- Spider's Web
  - Participants will pass through a section of space without touching the ground using the help of team members to lift, carry, or spot them while passing through the section
- Whale Watch
  - Participants will stand on an unbalanced platform approximately 1 foot 6 inches above the ground while trying to add other team members and maintain the balance of the platform
- Telephone Pole Shuffle
  - Participants will be required to move along a pole (or set of poles) approximately 1 foot 6 inches above the ground with other team members while no team members step off of the pole (or poles)



- The Wall
  - Participants will climb over a 12 foot wall using other team members as the only resource. A ladder will be used for descending
  -
- Mohawk Walk
  - Participants will be required to walk on a small cable approximately 1 feet 6 inches above the ground while using their balance or other team members as their only resource

I understand that it is my responsibility to know my child's own physical constraints and limitations and that I will not allow my child to participate in any activity in which I feel would be detrimental to his/her, or anyone else's, health and safety. I further understand that it is my responsibility to know what my child's respective qualifications, skills, training and preparations are in order to allow him/her to participate in any these activities. I do not expect any University official to know any of the above in regard to my child.

I understand that the Board of Regents of the University System of Georgia does not provide insurance coverage for my child in regard to these activities. I understand that it is my responsibility to obtain accident and/or health insurance for my child, if so desired.

In exchange for the use of equipment, materials, supplies and for being allowed to participate in this program, I hereby release and forever discharge the University of Georgia, the Board of Regents of the University System of Georgia, and all sponsoring agencies and their members individually and their officers, agents and employees from any and all claims, demands, rights, expenses, actions, and causes of action, of whatever kind, arising from or by reason of any personal injury, bodily injury, property damage, or the consequences thereof, whether foreseeable or not, resulting from or in any way connected with my participation in this activity.

I further covenant and agree that for the consideration stated above, I will hold forever harmless and will not take legal action against the University of Georgia, the Board of Regents of the University System of Georgia, its members individually, and their officers, agents, and employees for any claim for damages arising or growing out of my participation in this activity whether caused by negligence or otherwise.

I certify that I am at least 18 years of age OR that my parent/legal guardian has also signed below because I am under 18 years of age. This consent is given freely and voluntarily by the undersigned without coercion, duress, threat or promise of any kind. I certify that I understand and have read the information on the first page and the information above carefully before signing. I understand that I am not subject to any adverse action if I do not sign.

_____ Name of Youth Participant
This _____ day of _____, 2017.
_____ Signature of Parent
_____ Printed Name of Parent

# Fanning Institute - Code of Conduct

Each participant is expected to:

- Demonstrate courtesy, even when others do not.
- Use appropriate language.
- Behave in a responsible manner, always exercising self-discipline.
- Attend all sessions and activities regularly and **on time**.
- Prepare for each session as required; take appropriate materials and assignments to each activity.
- Meet UGA standards of grooming and dress.
- Obey all campus and program rules.
- Respect the rights and privileges of other participants and of the faculty, staff, and visitors.
- Respect the property of others, including UGA property and facilities.
- Cooperate with and assist staff in maintaining order, safety and discipline.
- Obey safety rules and driver instructions during transportation to activities.
- Turn off cell-phones during all activities. Cell phone use is only permitted during breaks.
- Not advocate, tolerate, or engage in the possession, distribution and/or use of alcohol or illegal drugs.
- Not enter any restricted area, including roofs of any University property.
- Not conduct, organize, or participate in any activity involving games of chance or gambling except as permitted by law and University policy.
- Turn out lights in rooms at 11PM NO EXCEPTIONS.
- Be responsible for residence hall key. **Failure to return the room key will result in a \$45 fee.**
- Avoid violations of the *Code of Conduct*.

The following discipline management techniques (*constructive redirection*) may be used alone or in combination for misbehavior violating the *Code of Conduct* or UGA rules by mentors and faculty/staff:

- Verbal correction or warning,
- Cooling-off time or "time-out,"
- Seating changes within the classroom,
- Activity change,
- Counseling by faculty or staff,
- Parent conferences,
- Confiscation of items that disrupt the educational process,
- Assignment of duties, such as clean-up, and
- Withdrawal from activities or program.

**Failure to comply with any of the above rules and regulations will result with removal from the program and calling your parents to come and take you from the campus.**

Youth signature: \_\_\_\_\_ Date: \_\_\_\_\_

## For Parents and Legal Guardians:

I have read the *Code of Conduct* and discussed the code with my child who will be attending the program. I understand that if my child is dismissed from the program, I will be responsible for coming to Athens to pick him/her up within 5 hours.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Fanning Institute - Código de Conducta

Cada participante se espera que:

- Demuestre cortesía, aún cuando otros no lo hacen.
- Use un vocabulario apropiado.
- Comportarse de manera responsable, siempre ejerciendo la autodisciplina.
- Asistir a todas las sesiones de Fanning y actividades con regularidad y a tiempo.
- Prepararse para cada sesión según sea necesario y lleve los materiales apropiados y sus tareas a cada actividad.
- Cumplir con las normas UGA de aseo y atuendo.
- Obedezca todas las reglas del programa de Fanning.
- Respetar los derechos y privilegios de los otros participantes y de la facultad de Fanning, el personal y los visitantes.
- Respetar la propiedad ajena, incluyendo la Universidad de Georgia y la propiedad Fanning y las instalaciones.
- Cooperar con el personal de Fanning para mantener el orden, la seguridad y la disciplina.
- Obedezca las reglas de seguridad y las instrucciones del conductor durante el transporte a las actividades.
- Apague los teléfonos celulares durante las actividades de Fanning. El uso del móvil sólo está permitido durante los descansos.
- No tolerar o participar en la posesión, distribución y / o uso de alcohol o drogas ilegales.
- No entrar en cualquier zona de acceso restringido, incluyendo los techos de cualquier propiedad de la Universidad.
- No realizar, organizar o participar en cualquier actividad que implique juegos de suerte o azar, excepto según lo permitido por la ley y política de la Universidad.
- Apague las luces en las habitaciones a las 11pm.
- Ser responsable de la clave de la residencia universitaria. Si no devuelve la llave de la habitación se traducirá en un costo de \$45.
- Evite las violaciones del código de conducta.

**Los siguientes técnicas de gestión (redirección constructiva) puede ser utilizado solo o en combinación de la mala conducta que viola el Código de Conducta de Fanning o reglas UGA por sus mentores y profesores y el personal de Fanning:**

- Corrección Verbal o una advertencia
- Tiempo de enfriamiento o "tiempo fuera"
- Cambio de asientos en el salón de clases
- Cambiar de actividad
- Asesoramiento por parte de profesores o el personal de Fanning
- Las conferencias para padres
- Confiscación de objetos que perturben el proceso educativo
- Asignación de funciones, tales como limpieza
- Retiro de las actividades de Fanning o programa

**El incumplimiento de cualquiera de las normas anteriores y las regulaciones se traducirá en la eliminación del programa y terminara con llamar a tus padres para que vengan y te llevan del programa.**

**La firma de la juventud :** \_\_\_\_\_ **Fecha :** \_\_\_\_\_

**Para los padres y guardianes legales:**

He leído el código de conducta Fanning y he discutido el código con mi niño que asistirá el programa. Yo entiendo que si mi hijo es despedido del programa, que será responsabilidad mía de ir a Athens para recoger a él/ella dentro de 4 horas.

**Firma del padre / Guardián:** \_\_\_\_\_ **Fecha:** \_\_\_\_\_

THE UNIVERSITY OF GEORGIA

**MINOR CHILD Likeness Release**

I certify that I am the legal guardian of \_\_\_\_\_

The undersigned hereby irrevocably consents to and authorizes the use by the Board of Regents of the University System of Georgia by and on behalf of the University of Georgia, its officers and employees (University), of the Subject's (minor child) image, voice and/or likeness (Media) as follows: The University shall have the right to photograph, publish, re-publish, adapt, exhibit, perform, reproduce, edit, modify, make derivative works, distribute, display or otherwise use or reuse the Subject's (minor child) image, voice and/or likeness in connection with any product or service in all markets, media or technology now known or hereafter developed in University's products or services as long as there is no intent to use the image, voice and/or likeness in a disparaging manner. University may exercise any of these rights itself or through any successors, transferees, licensees, distributors or other parties, commercial or nonprofit. The undersigned acknowledges receipt of good and valuable consideration in exchange for this Release, which may be the opportunity to represent the University in its promotional and advertising materials described above. I hereby waive the right to inspect or approve the Media or any finished materials that incorporate the Media. I understand and agree that the Media will become part of the University's permanent file and that it may be distributed to other organizations or individuals for use in publication. I also understand that I will receive no compensation in connection with the use of the Media. I certify that I am at least 18 years of age, that I am the Subject or parent/legal guardian of the Subject, and that I have read and understood the above.

Print Participant Name: \_\_\_\_\_

Please indicate your agreement to the foregoing by signing below:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Contact Information  
(phone or email)



# University Health Center

Student Affairs

UNIVERSITY OF GEORGIA

UNIVERSITY HEALTH CENTER

The University of Georgia

Athens, GA 30602-1755

(706) 542-1162

www.uhs.uga.edu

## HEALTH FORM for 2017 SUMMER CAMPS and PROGRAMS

This form is required for treatment at the University Health Center if the participant should become ill or injured while on campus. FAX to 706-542-4959 prior to camp/program. Please note, there will be charges for services provided by the University Health Center.

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

HOME STREET ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_ GENDER \_\_\_\_\_

PROGRAM \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

PROGRAM CONTACT PERSON \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

### PERMISSION FOR DIAGNOSTIC AND TREATMENT PROCEDURES

I hereby authorize the physicians of the University Health Center, their agents or consultants, to perform diagnostic and treatment procedures on

(Name) \_\_\_\_\_, which, in their judgment, may become necessary while he/she is a participant in

(Program) \_\_\_\_\_ between (Dates) \_\_\_\_\_ at The University of Georgia.

Privacy Practice Acknowledgement: I understand that, under The Health Insurance Portability and Accountability Act of 1996, I have certain rights to privacy in regards to my protected health information (PHI). By signing below, I acknowledge that I have read and understand the University Health Center's Notice of Privacy Practices (Notice). It is posted on the University Health Center's website at [www.uhs.uga.edu](http://www.uhs.uga.edu) under About UHC, Confidentiality, Patient's Rights and Responsibilities. The University Health Center reserves the right to change the terms of its Notice of Privacy Practices. If such changes are made, I understand that the University Health Center will post a revised Notice on its web site at [www.uhs.uga.edu](http://www.uhs.uga.edu). I also understand that the University Health Center will provide a Notice to me upon request.

PARTICIPANT (if over 18) \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/GUARDIAN (if under 18) \_\_\_\_\_ DATE \_\_\_\_\_

### PERSONS TO NOTIFY IN AN EMERGENCY SITUATION

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Street Number and Name

City

State

Zip Code

Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Street Number and Name

City

State

Zip Code

Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Date of last Tetanus shot \_\_\_\_\_

Current medications \_\_\_\_\_

Allergies to medications \_\_\_\_\_

Chronic or significant medical conditions \_\_\_\_\_

**PRIMARY INSURANCE INFORMATION** Please complete if you wish UHC to file for reimbursement from your insurance

**company.** Providing this information does not guarantee payment of your claim by your insurance company. You are responsible for any charges for services rendered. (Please attach a copy of the front and back of your insurance card.)

Please check appropriate boxes below:

**Medical:** \_\_\_\_\_ HMO \_\_\_\_\_ PPO \_\_\_\_\_ POS \_\_\_\_\_ Other \_\_\_\_\_ **Dental** \_\_\_\_\_ **Prescription** \_\_\_\_\_

Policyholder's name: \_\_\_\_\_

Insured is: ☐ Self ☐ Parent/Responsible Party ☐ Third Party Your Relationship to Insured \_\_\_\_\_

Medical Insurance Company Name: \_\_\_\_\_

Insurance Company Street Address: \_\_\_\_\_

Insurance Company City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

**PARENT/RESPONSIBLE PARTY/THIRD PARTY INFORMATION** - Name of Insured/Policyholder: (i.e., parent, step-parent, spouse)

Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Marital Status: ☐ Single ☐ Married ☐ Domestic Partner ☐ Divorced ☐ Separated ☐ Widowed

Place of Employment: \_\_\_\_\_ ☐ Full Time ☐ Part Time

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**AUTHORIZATION TO PROCESS INSURANCE CLAIMS**

Patients and Clients are responsible for all charges incurred by themselves or family members for services at the University Health Center (UHC). Examples of charges include lab tests, x-rays, prescriptions, dental procedures, vision procedures, physical therapy, vaccinations, personality testing, after-hours visits, and others. The UHC will file insurance claims on behalf of patients and clients; however, that does not guarantee full or partial payment by insurance companies and students remain responsible for any unpaid balances. The UHC is a participating provider with authorized UGA and University System student health insurance plans, Aetna, United Healthcare, BCBS, and basic TRICARE Military healthcare program. Patients and clients are responsible for knowing what their insurance policy covers at the University Health Center. The UHC Pharmacy is contracted with many insurance plans for prescriptions, whether written by UHC or non-UHC providers.

I, the undersigned, have read and understand this information and authorize the release of medical and other necessary information to my insurance company to process claims for services rendered. I hereby authorize my insurance company to distribute payment of my coverage directly to the UHC. I understand that I am responsible for all charges regardless of my insurance benefits and whether incurred by myself or a family member. I authorize the use of this signature on all insurance submissions. I may elect to pay any bill myself in lieu of submitting a claim for insurance reimbursement. I further agree that if UHC refers all or part of the unpaid portion of any bill to an attorney or agency for collection, I am liable for and shall pay UHC's attorney fees and/or collection agency fees resulting from the referral. I agree to pay all charges and other costs, including attorney fees, that are allowed by federal and state laws and regulations and that are necessary for the collection of these amounts

Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(Student)

Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/guardian if a minor)

12/03

Revised: 9/22/06, 2/23/2010; 2/3/2011; 2/2012; 2/2013; 2/2016; 2017

For Office Use Only:

Date Received: \_\_\_\_\_

Received by: \_\_\_\_\_

Entered by: \_\_\_\_\_

Due to the fact that many youth take prescription medications, it is anticipated that youth who attend the **Leadership Without Limits** program will bring prescription and non-prescription medications, the use of which will need to be monitored and controlled while on the UGA campus. It is critically important that all youth who participate in the program understand and agree to the program rules regarding the use of medications while participating in the program.

UGA faculty, staff and contractors are not equipped to administer medications to participants. All participants must be able to administer their own medications in order to participate in the program. In the event of a medical emergency, students will be treated at the University Health Center or an ambulance will be called.

Upon arrival and during program registration, each participant will give all medications to the lead mentor or Fanning Institute faculty and ensure that the reverse of this form is completed in detail.

**General guidelines for prescription medications:**

- All prescription medications will be housed in a locked cabinet at the Fanning Institute. If the medication requires refrigeration, the medication will be held in a refrigerator in a locked office at the Fanning Institute.
- It is helpful if parents or guardians provide the medication in individual dosages that are clearly marked with the participant's name along with clear instructions.
- The lead mentor will be charged with the responsibility of overseeing medications. The lead mentor will participate in the program 24 hours a day and sleep in the dorm with youth participants.
- At the appropriate time during the day, the lead mentor will make arrangements for youth to receive their medication.
- Participants must be able to self-administer medications.

**General guidelines for over the counter medications:**

- Legal Guardians must approve the use of over the counter medications.
- Over the counter medications may be held by the participant for use as needed, unless a problem arises. Program administrators reserve the right to collect over the counter medications.
- There is no sharing of over the counter medications among participants.

I have read, understand and agree to these program guidelines.

**Participant name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Parent or Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



Participant name: \_\_\_\_\_

**Event staff has my permission to administer the following over-the-counter medications to the participant**

(Check any that apply): ☐ Tylenol ☐ Advil ☐ Midol ☐ Nyquil ☐ Dayquil ☐ Benadryl ☐ Pepto-Bismol

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Is the participant taking any medications (prescription or over the counter) at this time?** ☐ Yes ☐ No

If answer is yes, complete the following section:

**CURRENT MEDICATIONS**

List any medications the participant is currently taking (prescription or over-the-counter). Attach additional sheets as necessary. *Administration of the medication is the responsibility of the participant.*

Name of medication: \_\_\_\_\_ Dosage: \_\_\_\_\_  
Illness or condition medication is intended for: \_\_\_\_\_  
Dosage instructions (*frequency, time, etc.*): \_\_\_\_\_  
Date(s) to administer: From: \_\_\_\_\_ To: \_\_\_\_\_ Refrigeration: ☐ Yes ☐ No  
Special instructions: \_\_\_\_\_

Name of medication: \_\_\_\_\_ Dosage: \_\_\_\_\_  
Illness or condition medication is intended for: \_\_\_\_\_  
Dosage instructions (*frequency, time, etc.*): \_\_\_\_\_  
Date(s) to administer: From: \_\_\_\_\_ To: \_\_\_\_\_ Refrigeration: ☐ Yes ☐ No  
Special instructions: \_\_\_\_\_

Name of medication: \_\_\_\_\_ Dosage: \_\_\_\_\_  
Illness or condition medication is intended for: \_\_\_\_\_  
Dosage instructions (*frequency, time, etc.*): \_\_\_\_\_  
Date(s) to administer: From: \_\_\_\_\_ To: \_\_\_\_\_ Refrigeration: ☐ Yes ☐ No  
Special instructions: \_\_\_\_\_

**AUTHORIZATIONS**

I understand that should a health problem arise I will be notified but that if I cannot be reached by telephone, such medical treatment, including surgery, as deemed necessary by competent medical personnel could be rendered and that necessary information may be released for insurance purposes.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_





Nombre del participante: \_\_\_\_\_

**El personal del evento tiene el permiso de administrar los siguientes medicamentos**

(Marque cuales correspondan): ☐ Tylenol ☐ Advil ☐ Midol ☐ Nyquil ☐ Dayquil ☐ Benadryl ☐ Pepto-Bismol

Firma del padre/guardián: \_\_\_\_\_ Fecha: \_\_\_\_\_

¿Está tomando el participante algún medicamento (con o sin receta)?

☐ Sí ☐ No

Si está tomando medicamento, complete la siguiente información:

**MEDICAMENTOS ACTUALES**

Haga una lista de medicamentos que el participante está tomando (con o sin receta). Adjunte una hoja adicional si es necesario. *La administración del medicamento es la responsabilidad del participante.*

Nombre del medicamento: \_\_\_\_\_ Dosis: \_\_\_\_\_

Enfermedad/condición para la cual está recetado este medicamento: \_\_\_\_\_

Instrucciones de dosificación (frecuencia, la hora del día, etc.): \_\_\_\_\_

Fecha(s) para administrarse. Desde: \_\_\_\_\_ Hasta: \_\_\_\_\_ Refrigeración: ☐ Sí ☐ No

Instrucciones especiales: \_\_\_\_\_

Nombre del medicamento: \_\_\_\_\_ Dosis: \_\_\_\_\_

Enfermedad/condición para la cual está recetado este medicamento: \_\_\_\_\_

Instrucciones de dosificación (frecuencia, la hora del día, etc.): \_\_\_\_\_

Fecha(s) para administrarse. Desde: \_\_\_\_\_ Hasta: \_\_\_\_\_ Refrigeración: ☐ Sí ☐ No

Instrucciones especiales: \_\_\_\_\_

Nombre del medicamento: \_\_\_\_\_ Dosis: \_\_\_\_\_

Enfermedad/condición para la cual está recetado este medicamento: \_\_\_\_\_

Instrucciones de dosificación (frecuencia, la hora del día, etc.): \_\_\_\_\_

Fecha(s) para administrarse. Desde: \_\_\_\_\_ Hasta: \_\_\_\_\_ Refrigeración: ☐ Sí ☐ No

Instrucciones especiales: \_\_\_\_\_

**AUTORIZACIONES**

Entiendo que si surge algún problema de salud se me notificará, pero si no pueden ponerse en contacto conmigo por teléfono, el tratamiento médico, incluyendo la cirugía, podría ser efectuado por personal médico competente según fuera necesario, y que por motivos del seguro la información necesaria podría divulgarse.

Firma del padre/guardián: \_\_\_\_\_ Fecha: \_\_\_\_\_

## UGA Outdoor Recreation Challenge Course Health History Form

Name: \_\_\_\_\_ UGA ID# (if applicable): \_\_\_\_\_ Leadership Without Limits

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Organization: Fanning Institute Date of Program: June 5-15, 2017

Emergency Contact (Name, Phone #, Relation to You): \_\_\_\_\_

**Allergies:** Do you have any allergies (e.g. bees, drugs, foods, etc)? If yes, to what and what is the severity of the reaction?  
**Do you carry an Epi-pen?** YES or NO?

**Medications:** Are you currently taking any medications? YES or NO? If yes, what are you taking and what condition is being treated? Will you have your medication on your person to address issues? YES or NO?

**Chronic Illnesses:** Do you have any chronic illnesses (e.g. diabetes, epilepsy, asthma, etc.)? If yes, please list.

**Physical Conditions:** Do you have any physical conditions that might limit or affect your ability to participate in physical activities? If yes, please describe such limitations and conditions for limitations.

**Injuries:** Have you experienced any injuries (e.g. dislocations, sprains, etc) within the last three years? If yes, please identify the injuries, when they occurred, and the severity of the injuries. Have you fully recovered?

**Physician:** Have you been treated by a physician in the past year? Have you been hospitalized in the past year? If yes to either, please explain.

**Insurance:** I hereby certify that I will be covered by a sickness/accident policy for the program's duration. My policy is carried by:

(Name of Insurance Company)	(Policy #)
(Participant's Signature)	(Date)
(Signature of Parent/Legal Guardian if participant is under 18 years of age) (Date)	

\*Note: It is strongly recommended that all students carry medical insurance. International students are required to have hospitalization insurance the entire length of stay at the University of Georgia. \*

**THE DEPARTMENT OF RECREATIONAL SPORTS  
UNIVERSITY OF GEORGIA**

**UGA CHALLENGE COURSE NO INSURANCE ADDENDUM**

*If you have insurance and filled out the information above, you do not need to fill out this page.*

**While the UGA Challenge Course does not require that all participants have medical insurance, it is highly recommended.**

**The University of Georgia does not carry medical insurance that covers students and will not be responsible for the cost of any medical issues that arise for Challenge Course participants.**

I have read the University of Georgia Challenge Course No Insurance Addendum. I understand that while the University of Georgia highly recommends that I carry my own medical insurance, it is not a requirement for me to attend the Challenge Course program. I understand that the University of Georgia does not carry medical insurance that covers me.

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE OF PARENT/LEGAL GUARDIAN  
*IF PARTICIPANT IS UNDER 18 YEARS OF AGE*

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME

**Challenge Course Waiver**

**RELEASE, WAIVER OF LIABILITY, AND COVENANT NOT TO SUE**

**(READ CAREFULLY BEFORE SIGNING)**

I hereby acknowledge my awareness that my participation in the University of Georgia Department of Recreational Sports Challenge Course activity may expose me to risk of property damage, and bodily or personal injury, including death. Activities may involve activities which include, but are not limited to, the following: walking; running; jumping; climbing on objects; lifting others and being lifted with team support; being blindfolded; balancing on ropes, wires, poles, and boards; and being supported by a system of seat and full-body harnesses, ropes, clips and anchors at heights from ground level to 40 feet in the air. It may also involve training activities which use various types of recreation equipment which include, but are not limited to, the following: tarps, balls, parachutes, ropes, webbing, hula hoops, noodles, harnesses, helmets, crab claws and/or other recreation equipment. I understand that the risks that I may encounter include, but are not limited to, injury from tripping and falls; injuries from falling objects from structures or trees; foreseen and unforeseen inclement weather; weather-related heat and sun exposure or cold; cuts; abrasions and puncture wounds, broken bones; muscle strains and sprains; animal and insect bites and stings; high anxiety; concussions; and heart attack, as well as other risks which may not be foreseeable. I understand that I need to be 250 pounds or less in order to participate in the challenge course and certify that I am less than 250 pounds. I have been informed and understand that there are inherent risks and dangers involved in this activity. I knowingly and freely assume any and all such risks and voluntarily participate in this activity.

In exchange for being allowed to participate in this program, I hereby release, waive, discharge, indemnify, covenant not to sue, and agree to hold harmless for any and all purposes the Board of Regents of the University System of Georgia, by and on behalf of, the University of Georgia, and their employees, officers, or agents from any liability, claims, demands, causes of action, suits, losses, damages, property damage, property loss or theft, costs (including court costs and attorneys' fees) or injury, including death, that may be sustained by the Undersigned while participating in this activity whether caused by the negligence of the University and its employees, officers, or agents or otherwise. I understand and intend that this Assumption of Risk and Release is binding upon me and my heirs, executors, administrators and assigns.

I grant permission for my likeness, image and voice to be recorded in any media during this program and to be used by the University of Georgia on behalf of the Board of Regents of the University System of Georgia in any publications, media, or technology now know of hereafter developed in the future for any lawful purpose whatsoever without further permission from me. I understand I will not be compensated further for use of these recordings.

I certify that I am at least 18 years of age or, if not, that I have secured below the signature of my parent or legal guardian as well as my own. I give this consent freely and voluntarily without coercion, threat or promise of any kind. I certify that I understand and have read the above carefully before signing.

I certify that I have read and understood the above.

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT/LEGAL GUARDIAN  
IF PARTICIPANT IS UNDER 18 YEARS OF AGE

\_\_\_\_\_  
DATE

## STUDENT PACKING LIST

(Bed and Bath Linen Provided)

The following is a list of items that you will need during your **(10) ten day** stay with Fanning. When packing your clothes, *please note that you must follow the same dress code rules at your high school.*

➤ **CLOTHING**

- Activity clothes for **each** day (shirts, pants/shorts)
- Jacket, sweater, or sweatshirt (*it is cold in the residence halls*)
- Sleepwear / pajamas
- Underclothing
- Socks
- Swimsuit (*NO string bikinis*)
- *Recommended:* hat or sunglasses

➤ **SHOES**

- Closed toe shoes for walking and activities  
(*sneakers, tennis shoes or climbing shoes are **required** for the ropes course*)
- Flip flops for showering in residence hall bathroom

- **ELECTRONICS** such as cell phones and iPods are allowed, but these items are your sole responsibility. The **Fanning Institute is not liable for any lost or stolen items**. Additionally, use of electronics is permitted during breaks and evening recreation time ONLY.

➤ **TOILETRIES**

- Shampoo and conditioner
- Soap
- Toothpaste, toothbrush, and floss
- Hairbrush
- Deodorant
- *Recommended:* sunscreen (*provided by LWL program*)
- *Recommended:* bug spray (*provided by LWL program*)

- **LINENS** (Items listed below will be provided for this program). You may also bring any personal linens of your preference).

- Bath Towel
- Washcloth
- Blanket and bed sheets
- Pillow and pillow case
- Pool towel

Upon arrival, you will be issued a key to your room. You must keep this key with you at all times, and you may not loan it to anyone for security purposes. Keys not lost or not returned upon check-out will be assessed a \$45.00 Lock Security Program Fee.

Questions? Contact Kate Smith at [ksmith@fanning.uga.edu](mailto:ksmith@fanning.uga.edu).



## TRAVELING FROM NEARBY MAJOR INTERSTATES

- I-85 North:** Travel on I-85 North to GA 316 (Exit #106). Follow *GA 316 East* directions.
- I-85 South:** Travel on I-85 South to Commerce, Georgia (Exit #149). Follow *US 441 South* directions.
- I-20 East:** Travel on I-20 to Madison, Georgia (Exit #114). Follow *US 129/441 North* directions.
- I-20 West:** Travel on I-20 to Thomson, Georgia (Exit #172). Follow *US 78 West* directions.

## TRAVELING NORTH

### 1. US 129/441, Macon

Take US 129/441 to Athens. (Near Watkinsville, Highway 15 and US 129 join.) Approaching Athens, at the Athens-Clarke County line, there will be a sign indicating highway 441 North and a right turn (there will also be a sign for the University of Georgia). Turn right at this sign onto the Athens Perimeter (GA Loop 10). Proceed on Loop 10 until reaching Exit #7, the College Station Road exit. Exit off Loop 10. Turn left onto College Station Road. Go under the Bypass (Loop) bridge, then to the third traffic light. Turn right onto East Campus Road. See **Directions from East Campus Road**.

## TRAVELING SOUTH

### 1. US 441, Commerce

From Commerce, take US 441 South for approximately 20 miles. Travel under the Athens Perimeter (GA Loop 10). Make an immediate left onto the Perimeter. Continue on the Athens Perimeter, following the signs for GA Loop 10 (you will have to exit to stay on the Loop) to College Station Road (Exit #7). Exit at College Station Road and turn right. Go to the second light and turn right onto East Campus Road. See **Directions from East Campus Road**.

### 2. GA 106

Take GA 106 South to Athens. GA 106 joins the Athens Perimeter (GA Loop 10). Follow Loop 10 West to College Station Road (Exit #7). Exit at College Station Road. Turn right. Go to the second light. Turn right onto East Campus Road. See **Directions from East Campus Road**.

### 3. US 129, Jefferson

Travel south on US 129 to Athens. Upon reaching the outskirts of Athens, remain on Highway 129, crossing the bridge which passes over the Athens Perimeter (GA Loop 10). At the traffic light after the bridge, turn left onto the Athens Perimeter/ Loop 10. Follow Loop 10 eastbound to the fourth exit. Exit to the right in order to stay on Loop 10. Go to College Station Road (Exit #7). Exit at College Station Road. Turn right. Go to the second light and turn right onto East Campus Road. See **Directions from East Campus Road**.

### 4. US 29, Danielsville

Take US 29 to Athens. US 29 joins the Athens Perimeter (GA Loop 10). Take Loop 10 West to College Station Road (Exit #7). Exit at College Station Road and turn right. Go to the second light and turn right onto East Campus Road. See **Directions from East Campus Road**.

## TRAVELING EAST

### 1. US 78 Atlanta

Travel east on US 78 to Athens Exit right onto GA 316 at the stoplight (note the sign for South Athens) Proceed on GA 316 to the Athens Perimeter (GA Loop 10). Bear right onto the Athens Perimeter/Loop 10, traveling east. (For reference purposes, there is a sign for the University of Georgia/Athens Bypass at the junction of GA 316 and the Athens Perimeter.) After approx. 5 miles on the Perimeter, exit onto College Station Road (Exit #7) Take a left onto College Station Road. Go under the Bypass (Loop) bridge, then to the third traffic light. Turn right onto East Campus Road. See **Directions from East Campus Road**.

### 2. GA 316, Atlanta

Proceed on GA 316 East for about 40 miles. Make sure not to exit at the first exit for Athens/Monroe at US 78, but continue until you see signs for the Athens Perimeter (GA Loop 10). Bear right onto the Perimeter, traveling east. (For reference purposes, there is a sign for the University of Georgia/Athens Bypass at the junction of GA 316 and the Athens Perimeter.) After approximately 5 miles on the Perimeter, exit onto College Station Road (Exit #7). Take a left onto College Station Road. Go under the Bypass (Loop) bridge, then to the third traffic light. Turn right onto East Campus Road. See **Directions from East Campus Road**.

## TRAVELING WEST

### 1. US 78

Take US 78 West to Athens. In Athens, travel under the Athens Perimeter (GA Loop 10), then take a left at the next traffic light onto the Perimeter going westbound. Exit the Perimeter at the next exit, College Station Road (Exit #7). Turn right onto College Station Road. Go to the second light and turn right onto East Campus Road. See **Directions from East Campus Road**.

## DIRECTIONS FROM EAST CAMPUS ROAD

After turning right onto East Campus Road, begin moving to the left lane. At the first traffic light, turn left onto Carlton Street. Travel on Carlton St. until it dead-ends into South Lumpkin Street and turn left at the light. The Fanning Institute will be immediately on your right-hand side. (The Fanning Institute is located very close to the intersection of Carlton Street and S. Lumpkin Street.

## VIAJANDO POR LAS AUTOPISTAS INTERESTATALES CERCANAS

- I-85 Norte:** Tome la I-85 Norte hacia la GA 316 (salida #106). Siga las instrucciones *GA 316 Este*.  
**I-85 Sur:** Tome la I-85 Sur hacia Commerce, GA (salida #149). Siga las instrucciones *US 441 Sur*.  
**I-20 Este:** Viaje por la I-20 hasta Madison, GA (salida #114), y siga las instrucciones *US 129/441 Norte*.  
**I-20 Oeste:** Viaje por la I-20 hasta Thomson, GA (salida #172), y siga las instrucciones *US 78 Oeste*.

## VIAJANDO HACIA EL NORTE

### 1. US 129/441, Macon

Tome la carretera US 129/441 hacia Athens. (La carretera 15 y la US 129 se unen cerca de Watkinsville). Cerca de Athens, en la línea del Condado Clarke, hay una señal indicando la Carretera 441 Norte y un cruce a la derecha (también hay una pista para tomar la Athens Perimeter (GA Loop 10). Continúe en la Loop 10 hasta llegar a la salida #7, la salida College Station Road. Sálgase de la Loop 10, y voltea a la izquierda para tomar College Station Road. Pase por debajo del puente de la Athens Perimeter (Loop 10) y vaya hasta el tercer semáforo. Cruce a la derecha en East Campus Road. Vea las **Instrucciones desde East Campus Road**.

## VIAJANDO HACIA EL SUR

### 1. US 441, Commerce

Desde Commerce, tome la US 441 en dirección sur por aproximadamente unas 20 millas. Pase por debajo de la Athens Perimeter (GA Loop 10). Y gire inmediatamente a la izquierda para montarse en ella. Continúe en la Athens Perimeter siguiendo las señales para la GA Loop 10 (tendrá que tomar una salida para poder quedarse en la Loop) hasta College Station Road (salida #7). Sálgase en College Station y gire a la derecha. Siga hasta el segundo semáforo y cruce a la derecha en East Campus Road. Vea las **Instrucciones desde East Campus Road**.

### 2. GA 106

Tome la US 129 en dirección sur hacia Athens. Llegando a Athens, permanezca en la Carretera 129, cruzando el puente que pasa por encima de la Athens Perimeter (GA Loop 10). En el semáforo después del puente, gire a la izquierda para montarse en la Athens Perimeter (GA Loop 10). Continúe en la Loop 10 en dirección este hasta la cuarta salida y sálgase a la derecha para poder quedarse en la Loop 10. Siga hasta College Station Road (Salida #7). Sálgase en College Station y gire a la derecha. Siga hasta el segundo semáforo y cruce a la derecha en East Campus Road. Vea las **Instrucciones desde East Campus Road**.

### 3. US 129, Jefferson

Tome la US 129 en dirección sur hacia Athens. Llegando a Athens, permanezca en la Carretera 129, cruzando el puente que pasa por encima de la Athens Perimeter (GA Loop 10). En el semáforo después del puente, gire a la izquierda para montarse en la Athens Perimeter (Ga Loop 10). Continúe en la Loop 10 en dirección este hasta la cuarta salida y sálgase a la derecha para poder quedarse en la Loop 10. Siga hasta College Station Road (Salida #7). Sálgase en College Station y gire a la derecha, Siga hasta el segundo semáforo y cruce a la derecha en East Campus Road. Vea las **Instrucciones desde East Campus Road**.



#### **4. US 129, Danielsville**

Tome la US 29 hacia Athens. La US 29 se une a la Athens Perimeter (GA Loop 10). Tome la Ga Loop 10 en dirección oeste hacia College Station Road (Salida #7). Sálgase en College Station y gire a la derecha. Siga hasta el segundo semáforo y cruce a la derecha en East Campus Road. Vea las **Instrucciones desde East Campus Road**.

### **VIAJANDO HACIA EL ESTE**

#### **1. US 78, Atlanta**

Tome la carretera US 78 en dirección este hacia Athens. Cruce a la derecha en el semáforo (note la señal para Athens sur) y tome la GA 316 hacia la Athens Perimeter (GA Loop 10). Manténgase a la derecha y tome La Athens Perimeter (Ga Loop 10). En dirección este. (Como referencia, hay una señal para la Universidad de Georgia/Athens Bypass en la intersección de la GA 316 y la Athens Perimeter). Aproximadamente a unas 5 millas después de tomar la Athens Perimeter, sálgase hacia College Station Road (salida #7) y gire a la izquierda para tomar la calle College Station. Pase por debajo del puente de la Athens Perimeter (Loop 10). Y vaya hasta el tercer semáforo. Cruce a la derecha en East Campus Road. Vea las **Instrucciones desde East Campus Road**.

#### **2. GA 316, Atlanta**

Siga en la GA 316 en dirección este por unas 40 millas. Debe tener cuidado de no salirse en la primera salida que dice Athens/Monroe en la US 78, sino que debe continuar hasta que vea las señales para la Athens Perimeter (GA Loop 10). Manténgase a la derecha y tome la Athens Perimeter (GA Loop 10) en dirección este. (Como referencia, hay una señal para la Universidad de Georgia/Athens Bypass en la intersección de la GA 316 y la Athens Perimeter.) Aproximadamente a unas 5 millas después de tomar la Athens Perimeter, sálgase hacia College Station Road (salida #7) y gire a la izquierda para tomar la calle College Station. Pase por debajo del puente de la Athens Perimeter (Loop 10) y vaya hasta el tercer semáforo. Cruce a la derecha en East Campus Road. Vea las **Instrucciones desde East Campus Road**.

### **VIAJANDO HACIA EL OESTE**

#### **1. US 78**

Tome la US 78 en dirección oeste hacia Athens. Ya en Athens continúe hasta pasar por debajo de la Athens Perimeter (GA Loop 10) y en [primer semáforo gire a la izquierda para tomar la Perimeter en dirección oeste. Sálgase de la Perimeter en la próxima salida College Station Road (salida #7). Cruce a la derecha para tomar College Station Road. Siga hasta el segundo semáforo. Cruce a la derecha en East Campus Road. Vea las **Instrucciones desde East Campus Road**.

### **INSTRUCCIONES DESDE EAST CAMPUS ROAD**

Una vez que haya cruzado a la derecha y se encuentre en East Campus Road. Comience a moverse hacia el canal de la izquierda. En el primer semáforo cruce a la izquierda y tome Carlton Street. Cruce a la izquierda al tercero semáforo, Carlton Street. El Fanning Institute se encuentra a su derecha inmediatamente.