

If selected, I give permission for _____ (Student's Name) to participate in the following migrant summer program sponsored by Georgia Department of Education ("GaDOE"), Migrant Education Program.:

Emergency Treatment

In case of illness or accident, I request that the staff contact the emergency contact(s) provided on this form. If the emergency contact(s) cannot be reached after a reasonable attempt, I authorize the staff to seek emergency medical care or take other action they believe is necessary to protect the best interest of my student. If my student is taken for emergency medical treatment, I hereby authorize the attending physician to administer the emergency treatment s/he believes is appropriate, and I agree to pay any resulting expenses.

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

I understand that as a part of this program my student will take part in several different activities which will 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 student. I understand that the risks that my student may encounter include, but are not limited to, bruises, cuts, sprains, muscle strains, hernia, broken bones, heat exhaustion, hypothermia, concussion, drowning, insect bites, exposure to toxic substances, exposure to criminal activity, injuries caused by wild animals, and death, as well as other risks that may not be foreseeable. I voluntarily assume any, and all such risks related to these activities.

TRANSPORTATION. I understand and acknowledge **parents/legal guardians are responsible for taking their student(s) to the university campus on registration day and picking them up on the last day. The GaDOE employees will not provide transportation to or from a university campus.**

CAMP BEHAVIOR. ALL students will be appropriately supervised at all times without exception. The Valdosta State University, University of Georgia, and Georgia Southern University counselors will work with your student to ensure they feel safe and have a positive experience. To help make this the best experience possible, please speak with your student about the importance of following all rules of the Migrant Education Summer program and the instructions and guidelines of the staff and the

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Richard Woods, Georgia's School Superintendent

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program leaders. I understand and acknowledge that behavior (like fighting, rough play, etc.), threatening or harassment of other students and staff, drugs or weapons will not be tolerated and can result in the dismissal of your student from the camp.

I hereby indemnify and hold harmless GaDOE, the State Board of Education, the State of Georgia, and its employees, officers, directors, agents, assigns, or successors of said parties (collectively referred to as "the State") from all liabilities, rights, claims, damages, and actions for injuries and losses sustained to my student's person or property resulting from, arising out of, or connected in any way with my student's participation in the migrant summer program. Should it become necessary for the State, or someone acting on behalf of the State, to incur attorneys' fees and costs to enforce this release, or any portion thereof, I agree to indemnify and hold the State harmless for such costs and attorneys' fees.

I further indemnify and hold harmless any sponsor or affiliated party, including their employees, officers, members, agents, volunteers, and contractors of the migrant summer program.

By signing below, I certify that I am the parent or legal guardian of the student. I have carefully read the above and agree to allow my student to participate in the Migrant Education Summer Program.

Parent/Legal Guardian Signature

Date



**GEORGIA DEPARTMENT OF EDUCATION
STATE OF GEORGIA COUNTY OF FULTON
MEDIA RELEASE FORM FOR MINORS**

Student's Name: _____ ("Student")

1. In consideration for the opportunity of the student identified above to participate in the Program selected above, I grant to the Georgia Department of Education ("GaDOE"), the producer and owner of the Program:
 - a. The right to photograph, record, and otherwise reproduce the student's image, voice, and/or likeness in connection with the Program in perpetuity.
 - b. All rights of use, ownership, and copyright in such photographs, recordings, and reproductions.
 - c. The right to distribute such photographs, recordings, and reproductions without limitation by any means; and
 - d. The right to use such photographs, recordings, and reproductions and, if necessary, the student's name and biographical information to promote the Program.
2. I understand that neither I, nor the student, 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 student, 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 student 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 student or am otherwise legally authorized to grant this release.

DATE: _____

TELEPHONE: _____

SIGNATURE

PRINT NAME

RELATIONSHIP TO STUDENT



Solicitud de Programas de Verano Educación para Migrantes de Georgia

Complete la solicitud en un idioma, inglés o español. **Si solicita varios programas, deberá enviar una solicitud por separado para cada uno.**

Por favor, marque:

- Programa de Verano de Escuela Intermedia en Georgia Southern Universidad, **2 al 7 de junio de 2024**
 Academia de Liderazgo de Verano de Escuela Secundaria en Valdosta State Universidad, **2 al 9 de junio de 2024**
 Programa de Escuela Secundaria at Universidad de Georgia, **24 al 28 de junio de 2024**

Indique si ha participado en uno o más de los programas de verano en años anteriores.

Escuela secundaria en GSU
 Escuela secundaria en VSU
 Escuela preparatoria en VSU

INFORMACIÓN DEL ESTUDIANTE:

Nombre: _____
Primero Segundo Apellido

Condado: _____ Nombre de Escuela: _____

Fecha de Nacimiento: _____ Sexo: M / F / O Edad: _____ Grado: _____ Talla de Camiseta: _____

Madre/Padre/Tutor: _____ Madre/Padre/Tutor: _____

Dirección de envió: _____ Ciudad _____ Estado: _____ Código Postal _____

Correo electrónico de los padres/tutor: _____

Correo electrónico del estudiante: _____

Número de teléfono del padre/tutor _____
Celular/Casa Trabajo

Número de teléfono del estudiante: _____

Contacto de emergencia: _____
Nombre Dirección Teléfono

Contacto de emergencia: _____
Nombre Dirección Teléfono

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Si mi hijo/a _____ es seleccionado/a, doy permiso para que para participar en el siguiente programa de verano para migrantes patrocinado por el Departamento de Educación de Georgia, Programa de Educación para Migrantes.

Por favor, haga una lista de las alergias, la salud o las restricciones dietéticas que afectan a su hijo. Incluya una lista de los medicamentos que su hijo esté tomando actualmente.

Entiendo que como parte de este programa, mi hijo participará en varias actividades diferentes que incluirán clases académicas, actividades físicas, orientación profesional, desarrollo de habilidades de estudio, seminarios de consejos para tomar exámenes y exposición a diferentes culturas e interacciones sociales.

Como resultado de participar en estas actividades, entiendo y reconozco que existen riesgos de daños a la propiedad y de lesiones corporales o personales para mi estudiante. Entiendo que los riesgos que mi estudiante puede encontrar incluyen, pero no se limitan a, moretones, cortes, torceduras, desgarres musculares, hernia, huesos rotos, agotamiento por calor, hipotermia, conmoción cerebral, ahogamiento, picaduras de insectos, exposición a sustancias tóxicas, ser expuesto a actividades criminales, lesiones causadas por animales salvajes y muerte, así como otros riesgos que pueden no ser anticipados. Asumo voluntariamente todos y cada uno de los riesgos relacionados con estas actividades.

Tratamiento de emergencia

En caso de enfermedad o accidente, solicito que el personal se comunique con los contactos de emergencia proporcionados en este formulario. Si no se puede contactar a los contactos de emergencia después de un intento razonable, autorizo al personal a buscar atención médica de emergencia o tomar otras medidas que consideren necesarias para proteger el mejor interés de mi estudiante. Si mi estudiante es llevado para tratamiento médico de emergencia, por este medio autorizo al médico tratante a administrar el tratamiento de emergencia que él /ella considere apropiado, y acepto pagar cualquier gasto resultante.

Por la presente, indemnizo y eximo de responsabilidad a GaDOE, la Junta Estatal de Educación, el Estado de Georgia y sus empleados, funcionarios, directores, agentes, cesionarios o sucesores de dichas partes (denominados colectivamente "el Estado") de todas las responsabilidades, derechos, reclamos, daños y acciones por lesiones y pérdidas sufridas a la persona o propiedad de mi estudiante como resultado de, que surjan de, o que estén de alguna manera conectados a la participación de mi estudiante en el programa de verano para migrantes. En caso de que sea necesario que el Estado, o



alguien que actúe en nombre del Estado, incurra gastos y/o tarifas de abogado para hacer cumplir esta liberación, o cualquier parte de la misma, acepto indemnizar y eximir al Estado de responsabilidad por dichos gastos y tarifas de abogado.

Además, indemnizo y eximo de responsabilidad a cualquier patrocinador o parte afiliada, incluidos sus empleados, funcionarios, miembros, agentes, voluntarios y contratistas del programa de verano para migrantes.

Firma del padre/tutor legal

Fecha

**** NOTA ****

TRANSPORTE. Los padres / tutores legales son responsables de llevar a su(s) hijo(s) al campus universitario el día de la inscripción y recogerlos el último día. Los empleados del Departamento de Educación de Georgia no proporcionarán transporte hacia o desde un campo universitario.

CONDUCTA EN EL CAMPAMENTO: Todos los estudiantes serán supervisados adecuadamente en todo momento sin excepción. Los consejeros de la Universidad Estatal trabajarán con su estudiante para garantizar que se sienta seguro y tenga una experiencia positiva. Para ayudar a que esta sea la mejor experiencia posible, hable con su estudiante sobre el comportamiento adecuado. El comportamiento agresivo como peleas, juegos bruscos, amenazas y acoso no será tolerado y puede resultar en el despido de su hijo del campamento.

DEPARTAMENTO DE EDUCACIÓN DE GEORGIA
ESTADO DE GEORGIA CONDADO DE FULTON
FORMULARIO DE COMUNICADO DE PRENSA PARA MENORES

Nombre del participante: _____ ("Participante")

1. En consideración de la oportunidad ofrecida al participante identificado anteriormente de participar en el programa identificado anteriormente, otorgo al Departamento de Educación de Georgia ("GaDOE"), el productor y propietario del Programa:
 1. El derecho a fotografiar, grabar y reproducir la imagen, voz y/o semejanza del participante en relación con el programa perpetuamente;
 2. Todos los derechos de uso, propiedad y derechos de autor de dichas fotografías, grabaciones y reproducciones;
 3. El derecho a distribuir tales fotografías, grabaciones y reproducciones sin limitación por ningún medio; y
 4. El derecho a utilizar dichas fotografías, grabaciones y reproducciones y, si es necesario, el nombre y la información biográfica del Participante para promover el Programa.
2. Entiendo que ni yo ni el participante seremos compensados monetariamente o de otra manera.
3. Libero a GaDOE, a sus empleados y asignados, y al sistema escolar local y sus empleados, y sus asignados de toda responsabilidad por cualquier reclamo de mí, el participante o cualquier otra persona que surja en relación con el programa.
4. Acepto indemnizar y eximir de responsabilidad a GaDOE a favor y en contra de todas las reclamaciones del participante que surjan en relación con el programa o esta extensión, y por todos los costos o daños que resulten de la retracción por parte del participante de esta exención.
5. Certifico que soy el padre del participante o que estoy legalmente autorizado para otorgar esta autorización.

FECHA: _____

TELÉFONO: _____

FIRMA

NOMBRE

RELACIÓN CON EL PARTICIPANTE



Migrant Education Summer Program Table of Contents 2024 Forms

| Completed ? | Form Name | Description | Page # |
|--------------------------|---|---|--------|
| <input type="checkbox"/> | Participant Information | Participant information, including student and parent email addresses to communicate all program updates, as well as additional emergency contact. | 1 |
| <input type="checkbox"/> | Participation Agreement and Waiver Form / Waiver of Liability / Photo & Media Release | Guardian signature required. Describes participant responsibility and acknowledges potential risks assumed through participation. Also, a photo and media release. | 2 |
| <input type="checkbox"/> | Participant Code of Conduct | Participant and guardian signature required. Describes expectations of the program and commits participant and parent to following those rules. | 5 |
| <input type="checkbox"/> | Medical Information Form & Authorization for Medical Care | Guardian signature required. Attests that medical information is accurate and authorizes UGA staff to administer medical care or seek medical care in the event of a medical emergency. | 6 |
| <input type="checkbox"/> | Prescription & Over-the-Counter Medication Administration Policy | Participant and Guardian signature required. Provides info about which prescription and nonprescription medications the participant may take during the program. | 8 |
| <input type="checkbox"/> | University Health Center - Health Forms for 2024 Summer Camps & Programs | Required for treatment at University Health Center if participant becomes ill or injured while on campus. NOTE: there will be charges for services provided by the UHC. | 10 |
| <input type="checkbox"/> | UGA Outdoor Recreation Registration Form/ Policies/ Waivers | Participant and Guardian signature required. Accepts the potential for injury and grants permission to participate in the activity. | 12 |
| <input type="checkbox"/> | Transportation & Pick Up Authorization | Guardian signature required. Lists individuals authorized to pick up your child from the program. | 16 |



Migrant Education Summer Program Participant Information 2024

Participant (Student) Name: _____

Email: _____

This email will be used to send all communication about the program.

Phone: _____

Mailing Address: _____

City /State / Zip: _____

Parent/Guardian's Name: _____

Parent Cell Phone: _____

Parent Email: _____

This email will be used to send all communication about the program.

Additional Parent/Guardian's Name: _____

Parent Cell Phone: _____

Parent Email: _____

This email will be used to send all communication about the program.

Other Emergency Contact Name: _____

Relationship: _____

Email: _____

Phone: _____



Participation Agreement and Waiver Form

PROGRAM/ACTIVITY INFORMATION

Program/Activity Name Migrant Education Summer Program

Date(s) June 24-28, 2024

Location Athens, GA

PARTICIPANT INFORMATION

Name _____

Address (include city/state/zip) _____

Phone _____

Date of Birth _____

Gender _____

RELEASE, WAIVER OF LIABILITY, AND COVENANT NOT TO SUE

I (Name) _____, the parent or legal guardian of the Participant, (Child's Name) _____, for the sole consideration, the sufficiency of which is hereby acknowledged, of the right to participate in the event or program described as Program/Activity Name (the Program), do hereby agree to the following relating to the Program.

I fully and voluntarily consent to my child's participation in the Program. I hereby acknowledge my awareness that participation in the Program may expose me/my child(ren) to risk of property damage, bodily or personal injury. Participation could include certain physical activities such as extensive walking, team building activities, general recreational activities such as, but not limited to, basketball, football, soccer, and other related activities requiring similar physical demand, swimming, crossing streets, parking lots and intersections, and participating in a low and/or high ropes challenge course.

I understand that the risks that I/my child may encounter include, but are not limited to, travel to and from various activities; practice and training in preparation for the various activities; participating in a low and/or high ropes challenge course; lectures, workshops, using technology, as well as giving presentations; injury from 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; injury in inclement weather; working with other participants, adults, and mentors; and exposure to contagious diseases and communicable illnesses, including but not limited to, COVID-19, which may cause death, as well as other risks that may not be foreseeable. I knowingly and freely assume any and all such risks.



In exchange for being allowed to participate in the Program, I hereby release and forever discharge and agree to indemnify the University of Georgia the Board of Regents of the University System of Georgia, its 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 the Program. 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/my child(ren)'s participation in this activity whether caused by negligence or otherwise.

I understand that the acceptance of this Release, Waiver of Liability, and Covenant not to sue shall not constitute a waiver, in whole or part, of sovereign immunity by said Board, its members, officers, agents, and employees.

I understand that as a state agency, the University of Georgia is exempt from licensing by the Georgia Department of Early Care and Learning for minors programs.

I certify that I understand and have read the above carefully before signing. I acknowledge and represent that I freely and voluntarily sign this Agreement, and that it is my express intent that this Agreement shall contractually bind my heirs, executors, administrators, and assigns, and my child's heirs, executors, administrators, and assigns, as well as myself and my child.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Photo and Media Release

_____ Yes, I (Name) _____, the parent and/or legal guardian of (Child's Name) _____, the Participant, hereby give the University of Georgia, and the Board of Regents of the University System of Georgia, the right and permission to use, reproduce, edit, exhibit, project, display, copyright and/or publish my/my child's images, likeness, and voice in which I/my child may be included in the whole or in part, developed during participation in the Program/Activity and thereafter, and to circulate the same in all forms and media for any lawful purpose whatsoever. My consent includes, but is not limited to, images, likenesses and recordings that may be deemed to be educational records under the Family Educational Rights and Privacy Act of 1974 ("FERPA").

I understand and agree that my/my child's image will become part of the University of Georgia's photograph file and that it may be distributed to other organizations or individuals for use in any publications, media, or technology now known of or hereafter developed in the future for any lawful purpose whatsoever without further permission from me. I also understand that I will receive no compensation in connection with the use of my/my child's image.

I hereby waive the right to inspect or approve my/my child's image or any finished materials that incorporates the image. I further release, discharge, and agree to waive the University of Georgia, and the Board of Regents of the University System of Georgia, their licensees, successors, legal representatives and assignees from any liability for violation of any personal or proprietary right that I may have in conjunction with said pictures or images and with the use thereof. I further acknowledge and agree that the University of Georgia and the Board of Regents of the University System of Georgia and its members, their officers, agents, and employees shall not be responsible for any of such image, likeness or recording by any third party accessing it through the internet or any other means.

_____ No, I do not grant permission for my/my child's image, likeness or recording to be used in any form, unless necessary for the administration of the program in which my child is participating.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Programs and Activities Serving Minors Participant Code of Conduct

Participant Name: _____

Parent/Guardian Name: _____

Program/Activity Name: **Migrant Education Summer Program**

This Code of Conduct is to ensure the safety and well-being of all participants in a Program/Activity hosted at or by the University of Georgia. It applies to all participants including minors and their parents/guardians.

Requirements:

- Respect and adhere to Program/Activity rules and guidelines including all those specific to this event or activity.
- Follow all instructions and directives given by Program/Activity Staff.
- Act in a courteous manner and treat participants, parents, volunteers, staff, and others with respect.
- Use appropriate language and demonstrate appropriate behavior at all times.
- Uphold an individual's right to dignity by supporting an environment of inclusion which welcomes involvement of participants from all backgrounds.
- Obey University policies and local, state, and federal laws.

Participants who fail to adhere to this Code of Conduct are subject to a range of disciplinary actions. When appropriate, immediate corrective action will be taken to ensure the safety and welfare of all participants. Failing to adhere to this Code of Conduct may subject participants to disciplinary action, up to and including removal from the Program/Activity and future Programs/Activities offered at the University of Georgia.

PARENT/GUARDIAN & PARTICIPANT ACKNOWLEDGEMENT AND AGREEMENT

I understand that as a condition for participating in the Migrant Education Summer Program, I must comply with the Program/Activity's rules and standards of conduct and follow all reasonable direction of the Program/Activity Staff. Failure to comply with the Program/Activity's rules and standards of conduct or failure to comply with the reasonable direction of Program/Activity Staff may result in my being dismissed from the Program/Activity and impact my ability to participate in future Programs/Activities.

Participant's Signature

Date

I understand that my child will be subject to the rules and standards of conduct of the Program/Activity and the University System of Georgia. I further understand that my child's violation of the rules and standards of conduct or failure to comply with the reasonable direction of Program/Activity Staff may result in my child's dismissal from the Program/Activity. I accept responsibility for all costs associated with removing my child from the Program/Activity, including but not limited to transportation costs to return my child home. I understand that dismissed Participants are not eligible for a refund of any fees or expenses and may not be eligible to participate in future Program/Activities.

Parent/Guardian Signature

Date

Medical Information Form and Authorization for Medical Care

Program/Activity Name: Migrant Education Summer Program

I. Basic Personal Information (please print)

Today's Date: ___ / ___ / ___

Child's Name: _____ **Age:** _____

Local Address: _____

City: _____ **State:** _____ **Zip:** _____

Cell Phone Number: _____ **Work Phone Number:** _____

Home Phone Number: _____ **Weight:** _____

Height: _____

II. Emergency Contact Information

Person to notify in case of emergency: _____ **Relationship:** _____

Contact's Phone Number(s): (___) _____, (___) _____

Contact's Address: _____

City: _____ **State:** _____ **Zip:** _____

Family Physician: _____ **Phone Number:** (___) _____

Insurance Provider: _____ **Phone Number:** (___) _____

Policy holder (parent) name: _____

Policy holder's (parent) date of birth: _____

Policy Number: _____

(Note: The institution does not offer any form of health, liability, or other types of insurance for participants. Please attach a copy of the front and back of your insurance card with this form.)

III. Medical Information

Please list any current medical concerns or medical history we need to know about your child: (Ex. past injuries, current conditions, physical limitations, etc.)

List any allergies your child has (Ex. medications, stings, food, iodine, latex, etc.)

List any medications your child is currently taking, their purpose, dosage, and times taken:

Does your child need any accommodations to safely participate in the program/activity? If yes, please explain or contact _____

Does your child require any assistance with his or her medications? If so, please explain:

Last tetanus shot date: _____

IV. *Authorization for Medical Care*

I understand that my child is voluntarily participating in a University of Georgia program/activity. By signing this form I hereby acknowledge that all information is accurate and current, that any activity restrictions, allergies, and medications are listed on this form, and to the best of my knowledge, my child is capable of participating safely in the program/activity. I acknowledge that my failure to disclose relevant information may result in harm to my child and/or others during this program/activity. I agree to notify the program/activity of any changes in my child's mental, physical, or medical condition before the program/activity begins.

I understand that the University of Georgia does NOT provide medical insurance for my child and that I should consult my child's physician before allowing my child to participate in this program/activity. In the case of accident or illness, I hereby authorize the program/activity staff to administer or seek medical treatment for my child, as they see fit, including routine first aid care or emergency medical treatment. I hold harmless and agree to indemnify the program/activity, the University of Georgia, and the Board of Regents from any claims, causes of action, damages, and/or liabilities arising out of or resulting from said medical treatment. I acknowledge that I am solely responsible for any hospital or other costs arising out of any bodily injury or property damage sustained through my child's participation in such voluntary program/activity.

Name of Participant: _____ Date: / / _____

Parent or Guardian Name: _____

Signature of Parent or Guardian: _____

Work Phone: _____ Cell Phone: _____



Prescription & Over-the-Counter Medication Administration Policy

Due to the fact that many youth take prescription medications, it is anticipated that youth who attend the **Migrant Education Summer Program** might 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, a licensed medical facility, or an ambulance will be called.

Upon arrival and during program registration, each participant will give all medications to the lead Fanning Institute faculty/staff member and ensure that the Medical / OTC-RX Administration form is completed in detail.

General guidelines for prescription medications:

- All prescription medications will be housed in a lockable container in the care of a Fanning faculty/staff member. If the medication requires refrigeration, the medication will be held in a refrigerator in the care of a Fanning faculty/staff member.
- It is helpful if parents or guardians provide the medication in individual dosages that are clearly marked with the participants name along with clear instructions. (Ziploc-style bags work well.)
- The lead faculty/staff member will be charged with the responsibility of overseeing access to medications. They will participate in the program 24 hours a day and be available as needed.
- At the appropriate time during the day, Fanning faculty/staff members 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: _____



Medical Release / OTC-RX Administration

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: _____



HEALTH FORMS FOR 2024 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. 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 Migrant Education Summer Program - June 24-28, 2024 PHONE (706) 542- 5611

PROGRAM CONTACT PERSON _ Khi Jaggie PHONE (706) 542- 5611

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 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. 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 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; 2018

For Office Use Only:
Date Received: _____
Received by: _____
Entered by: _____



UGA OUTDOOR RECREATION REGISTRATION FORM

*If you are registering for multiple events, please fill out one registration form per trip.
Rec Sports Business Office staff will attach copies of health/history and waiver to each individual registration form.*

Name: _____ **Today's Date:** _____
Event Name: Migrant Education Summer Program **Event Date(s):** June 25, 2024
UGA 81#: N/A **Phone Number:** _____
Email Address: _____ **Gender:** _____

Check your category:
 Current fees-paid UGA student Non-fees-paid UGA student* UGA Alumni*
 UGA Faculty/Staff* Dependent* Non-UGA Guest*

**Only current, fees-paid students are eligible to register at the student price. Part-time students who waive fees and student dependents must pay the faculty/staff price. Ramsey Student Center membership is necessary for any activity that requires turnstile access in Ramsey.*

Health History (please answer honestly and completely):

- | | | |
|--|-----|----|
| 1. Do you carry anaphylaxis emergency treatment (Epi-pen) or emergency care medication? | YES | NO |
| 2. Will you need any special medications or care while participating? | YES | NO |
| 3. Are you currently taking any medications (over-the-counter or prescription)? | YES | NO |
| 4. Do you have any allergies (including foods or medications)? | YES | NO |
| 5. Do you have any dietary restrictions (i.e. vegetarian/vegan, gluten and/or lactose intolerant, etc.)? | YES | NO |
| 6. Have you had any recent major illnesses/surgeries/other medical procedures? | YES | NO |
| 7. Do you have any physical limitations that may affect your participation (i.e. chronic knee pain)? | YES | NO |
| 8. Is there any chance you may currently be pregnant? | YES | NO |
| 9. Have you ever had any of the following (circle): Asthma Hepatitis Diabetes Heart Problem Seizures High Blood Pressure Fainting Other _____ | | |

If you answered yes to any of the above, please provide additional details.

If you are a student with a disability which may require accommodation to participate in our program, please directly contact the Assistant Director for Outdoor Recreation (706-542-5060) no later than 3 weeks prior to the trip or clinic date.

Supplemental

- | | | | | |
|---|---------------|-----------------|-----------------|-----|
| 1. Are you currently enrolled in PEDB 1090 (Outdoor Adventure) | YES | NO | | |
| 2. Have you participated in a UGA Outdoor Recreation event before? (circle) If so, which one(s)? _____ | YES | NO | | |
| 3. How did you hear about this UGA Outdoor Recreation activity? _____ | | | | |
| 4. Lodging preference (for overnight trips, if applicable): | Female-only | Male-only | All-gender | N/A |
| 5. Please describe your previous experience with this activity: | No experience | Some experience | Much experience | |

Health Insurance / Emergency Contact

Emergency Contact Name _____ Emergency Contact Phone number _____

UGA Outdoor Recreation 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 participate in the UGA Outdoor Recreation activity/trip. I understand that the University of Georgia does not carry medical insurance that covers me and I assume all responsibility for myself to cover any related expenses.

| FOR BUSINESS USE ONLY | |
|-----------------------|----------------------------|
| Amount paid | \$ _____ |
| Received by | _____ Date _____ |
| Payment type: | Cash _____ Check No. _____ |
| CC | _____ Bulldog Bucks _____ |

Participant Signature / Date OR Parent/Legal Guardian Signature / Date if participant is under 18 years of age

UGA OUTDOOR RECREATION POLICIES (Revised 3/2017)

GENERAL POLICIES

1. Every UGA Outdoor Recreation participant must pay the registration fee in-full and have all registration forms (including health history, registration, and waiver, if applicable) filled out completely in order to be an official participant (here to in referred to as "Participant") of the trip/activity.
2. **Cancellation/Refund Policy:** Full refunds are issued if the Department of Recreational Sports cancels a class, activity or program. All other refunds are charged a \$15 processing fee. For trips and clinics, cancellations must be received three weeks in advance of the event in order to receive a partial refund. All cancellations by participants are assessed a \$15 processing fee. Trips or clinics, including belay clinics, costing less than \$15 are not eligible for refunds. No refunds are given for participants cancelling less than three weeks in advance unless warranted by a documented medical excuse, in which case a full-refund will be granted.
3. Participants are solely responsible for any evacuation and/or hospital costs arising out of any bodily injury or property damage sustained during their voluntary participation in a UGA Outdoor Recreation program. Activity descriptions are available on the Rec Sports website and the associated risks are outlined in the Waiver/Release of Liability document. UGA does not carry health insurance for participants. Participants are responsible for disclosing any/all medical/health issues to UGA Outdoor Recreation staff on the Health History Form. Participants will be required to carry and administer all necessary personal medication while involved in UGA Outdoor Recreation activities and will be responsible for making all decision regarding his/her own appropriate precautions. It is the Participant's responsibility to ensure he/she is covered by a travel and/or health insurance plan for the duration of the program, which includes emergency medical evacuation.
4. A description of all activities is available on the UGA Outdoor Recreation website. If a Participant has a disability which may require accommodation, the Participant should directly contact the Assistant Director of Outdoor Recreation (706-542-5060) at least 3 weeks before the program/clinic date for evaluation.
5. In order to remain a participant in good standing at any UGA Outdoor Recreation facility or in any UGA Outdoor Recreation program, participants must follow all program and University policies and supervisor guidelines during participation. Participants who are UGA students will be held accountable for behavior that violates the University of Georgia's Code of Conduct.

CLIMBING WALL

1. The indoor wall, bouldering wall, hangboard, and slackline are only open during supervised climbing hours (when staff is present).
2. A minimum of 3 participants is needed to avoid cancellation due to low enrollment. If UGA Outdoor Recreation cancels a clinic, a participant may transfer to another clinic.
3. No refunds for late arrivals to belay clinics. An instructor may refuse entry to a participant if the participant's late arrival interferes with the ability to deliver safety information and necessary instruction.
4. All climbers must successfully enroll in and pass a UGA belay clinic. No other forms of belay certification will be accepted. No exceptions. Once a patron successfully completes a belay clinic, all participants will be responsible for bringing their UGA ID to the wall for open recreation climbing to verify the completion of the clinic.
5. Child-dependents under the age of 16 years-old cannot climb without the supervision of a belay-certified guardian and must be able to properly fit into a harness. Participants must be at least 16 years-old to participate in a belay clinic.
6. Climbers must wear closed-toe shoes to climb the wall. UGA students and Ramsey members may check out climbing shoes for free at the wall.
7. Climbers may bring their own shoes, harness, and chalk bag, but they must utilize UGA Recreational Sports' belay devices.
8. Climbers must utilize proper safety checks and climbing commands. A list of commands are available at the Climbing Wall front desk.
9. Climbers should utilize crash pads and are encouraged to use a spotter at the bouldering wall. A crash pad must be used when a climber uses the hangboard.
10. Climbers should not "top out" (climb on top of) the bouldering wall.
11. Participants should utilize proper spotting technique when spotting other climbers, including proper stance, eye contact, avoiding the "fall zone," and maintaining proper hand placement (fingers together).
12. The following activities are strictly prohibited: providing unauthorized access to the facility and/or equipment, performing aerial or acrobatic moves on the slackline or any wall, tampering with or modifying any UGA Recreational Sports equipment.
13. Failure to comply with these policies will result in immediate dismissal and potential revocation of future facility access.

TRIPS AND CLINICS

1. Pre-trip meetings: unless otherwise stated, all trips have a mandatory pre-trip meeting in the week prior to trip departure. The pre-trip meeting will cover arrival/departure time, meeting location(s), prerequisite skills, necessary equipment, expedition behavior, meals, and lodging assignments (if applicable). For safety concerns, UGA Outdoor Recreation reserves the right to remove a Participant from the trip roster without refund if the Participant misses the mandatory pre-trip meeting and fails to contact the trip leader to receive the missed information prior to trip departure.
2. Participants will not bring, buy, sell, use, or consume alcohol, illegal drugs, or recreational drugs while participating in a UGA Outdoor Recreation trip/activity. UGA Outdoor Recreation prohibits tobacco use in group vehicles. Due to environmental and safety issues, UGA Outdoor Recreation strongly discourages tobacco use while on trips. If tobacco use occurs, other Participants should not have to breathe or smell tobacco and all tobacco trash must be properly disposed of according to Leave No Trace (LNT) principles.
3. If a Participant voluntarily leaves the group or fails to follow University and/or UGA Outdoor Recreation policy and must be separated from the group, that Participant bears the responsibility for arranging and paying for return transportation (UGA is no longer responsible).

TRIPS AND CLINICS (continued from previous page)

4. Leave No Trace (LNT) principles, values and guidelines will be practiced on UGA Outdoor Recreation trips/clinics. A copy of these principles is available on the Rec Sports website.
5. SCUBA participants may receive a referral letter from the SCUBA instructor to complete the open water certification dive with a commercial

outfitter. A nominal fee will be charged by the instructor for this referral letter.

6. Trip and clinic itineraries are subject to change without notice based on the group's ability, weather conditions, and/or safety concerns. UGA Outdoor Recreation reserves the right to make changes to the trip itinerary for any of the aforementioned reasons.

CHALLENGE COURSE

1. Participants must follow the instruction of facilitators at all times during participation on the course. Horseplay, deliberate mishandling of equipment or instruction will result in immediate removal from the course. Intoxicated persons, tobacco, alcoholic beverages and other mind-altering substances are not allowed.
2. Recreational Sports will assign facilitators for each group. Specific directions to course, parking information and meeting location will be sent with confirmation/invoice.
3. Participants should wear comfortable clothing, loose fitting pants or shorts, sneakers or other closed-toe shoes (sandals, flip flops, and opened-toed shoes are prohibited).
4. For safety concerns, personal cell phones and other electronic devices are not permitted during programming
5. Meals are the responsibility of the group. Unless otherwise requested, one hour will be allowed for a meal during a full day course. Food and drink may not be allowed in all areas. Arrangements must be made in advance. It is the responsibility of the participants to pick up and carry out all trash left by the group.
6. The organization/person in charge of the group is responsible for the behavior of the participants. Failure to cooperate with Challenge Course Staff when faced with emergencies/problems may result in the group's inability to reserve Recreational Sports facilities in the future.
7. Participants must weigh less than 250 pounds in order to participate in the indoor and outdoor high challenge course.
8. Participants on both our indoor and outdoor high course must be at least 11 years old.
9. Height requirement minimum on indoor high course is 4'11" (no minimum on outdoor high course as long as participant is 11 years old).

OUTDOOR RECREATION CENTER EQUIPMENT RENTAL

1. Renter must be a current UGA student, faculty, staff or current member of the Ramsey Student Center for Physical Activities.
2. The rental fee may be paid by credit card, cash, check, or Bulldawg Bucks.
3. Reservations may be made in person or online using the registration portal on the Rec Sports website.
4. Rental fees need not be paid at the time of reservation, but must be paid in full when picked up.
5. Cancellations must be made by 3pm on the first reserved date to avoid rental charges.
6. Renter is responsible for repair or current replacement cost for lost, damaged, or modified equipment.
7. Weekend rentals may be picked up on Thursday at no additional charge.
8. Late return charges: A \$1.00 per item, per day late fee is charged in addition to the daily rental fee. Late days accrue only on days when the ORC is in operation and equipment is not returned. Any renter with an outstanding balance due will have their records flagged until payment is made.
9. Absolutely no smoking in ORC tents. Smoke damage will result in a cleaning or repair fee.
10. A cleaning fee will be assessed for equipment returned wet or dirty (i.e. tents and stoves). Excessive cleaning may require additional fees.
11. No equipment will be considered returned until the renter returns it to the ORC personnel during ORC hours. Gear left unattended by the ORC during non-operational hours will be charged an abandoned gear fee.
12. Canoes, sit-on-top, and touring kayaks are not permitted on swift bodies of water.
13. Renter **MUST** be the one in the boat rented.
14. Flatwater boat rental includes car/truck mounting pads and straps, boat, paddle, and PFD for up to two persons. No more than two persons per canoe.
15. Whitewater boat rental includes boat, paddle, spray skirt, helmet, PFD and paddling jacket.
16. Renter will be responsible for securing the boat and equipment onto their vehicle. ORC personnel may help load.
17. UGA staff reserve the right to refuse a request based on prior experience, attitude and skill level of participant, river levels, and weather conditions.
18. Whitewater kayak renters must receive prior approval from the UGA Outdoor Recreation administrative staff or have a letter of approval from the UGA Whitewater Club which contains trip destination, date, and paddling partners' contact information.

My signature below indicates that I have read and agree to abide by the policies listed above.

Participant Signature / Date



Recreational Sports
Student Affairs
UNIVERSITY OF GEORGIA

RELEASE, WAIVER OF LIABILITY, COVENANT NOT TO SUE AND LIKENESS RELEASE
(READ CAREFULLY BEFORE SIGNING)

I, _____ hereby acknowledge my awareness that my participation in the **University of Georgia Department of Recreational Sports Outdoor Recreation Program** may involve activities which include, but are not limited to, the following: hiking, rafting, kayaking, fishing, caving, gliding, scuba-diving, horseback riding, skiing, snowboarding, snorkeling, camping, canoeing, zip-line, sailing, backpacking, biking and climbing. It may also involve training and practice sessions to prepare for the outdoor activity. These activities require the use of various types of equipment which include, but are not limited to, the following: boats, paddles, life vests, safety harness, helmets, stoves, ropes, tents, underwater breathing apparatus, bicycles, lanterns, and/ or other equipment. For challenge courses, 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 also understand that my participation in the aforementioned activities may expose me to risks of property damage and bodily or personal injury, including injury that may be fatal, normally associated with outdoor adventure and recreational activities. These risks include, but are not limited to, any one or more of the following: travel to and from the activity, practice and training in preparation for the activity, accidents and illness in places distant from medical assistance, insect bites and stings, exposure to wild animals, foreseen and unforeseen inclement weather; tripping and/or falling or being thrown from rafts or boats into the water. I understand that these dangers may result in injuries such as, but not limited to, the following: disease; exposure to cold weather and water; hypothermia; exposure to extremely hot weather; cuts; abrasions, puncture wounds, and broken bones; muscle strains and sprains; concussions; dislocations; partial and/or total paralysis; drowning; heart attack; and high anxiety. In addition, I understand that I may be exposed to other risks which may not be foreseeable.

I have been informed by reading the program policies 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. I understand that it is my responsibility, as the participant, to engage only in those activities for which I have the prerequisite skills, qualifications, preparation and training. I acknowledge that I must follow the instructions of the activity leader at all times. In addition, I understand that none of the following entities provides insurance coverage for my participation in the University of Georgia Department of Recreational Sports – Outdoor Recreation and that it is strongly recommended that I obtain my own accident and health insurance prior to participating: The University of Georgia, Board of Regents of the University System of Georgia, Department Recreational Sports, and/or UGA Outdoor Recreation.

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, 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 hereby irrevocably consent to and authorize 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 of the undersigned's image and/ or likeness as follows: The University shall have the right to photograph, publish, re-publish, adapt, exhibit, reproduce, edit, distribute, display or otherwise use or reuse the undersigned's image 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. 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.

I hereby waive the right to inspect or approve my image or any finished materials that incorporate my image. I understand and agree that my image will become part of the University's photograph 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 my image.

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.

Printed Name of Participant

Date

Signature of Participant

Printed Name of Parent/Legal Guardian if Participant is under 18 Years of Age Date

Signature of Parent/Legal Guardian if Participant is under 18 Years of Age

Programs and Activities Serving Minors Transportation & Pick Up Authorization

Program/Activity Name: Migrant Education Summer Program

Personal Information (please print)

Today's Date: ___ / ___ / ___

Child's Name: _____ **Age:** _____

Parent/Guardian Names: _____

Home Phone: _____ **Cell Phone(s):** _____

Work Phone(s): _____

I. **Authorized Pick Up**

Please list any individual who is authorized to pick up your child, including yourself. Each authorized person must be at least 16 years of age. The above-named child will not be permitted to leave the program/activity with anyone who is not listed below. Authorized individuals must pick up the child in person and may be requested to show identification to program/activity staff. Children will not be released to persons who fail to provide acceptable identification upon request.

I authorize the following responsible persons to pick up my child from the program/activity (attach additional pages as needed):

| Authorized Person | Phone Number | Relationship to Child |
|-------------------|--------------|-----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Please note that children must be picked up by designated times.

II. **Authorized Self-Dismissal**

My child is at least 16 years of age and will be responsible for his/her own transportation to and from the program. My child may sign himself/herself out at the end of the program/activity.

Parent or Guardian Name*: _____

Signature of Parent or Guardian: _____

*Please note that only the enrolling parent/guardian will be permitted to complete this form.