

Georgia Migrant Education Summer Programs Application

Instructions: Please complete the application in one language, English or Spanish. *If applying to more than one program, a separate application for each will need to be submitted. Please check only one below:*

- Middle School Summer Program at Georgia Southern University, **June 2-7, 2024**
- High School Summer Leadership Academy at Valdosta State University, **June 2-9, 2024**
- High School Program at University of Georgia, **June 24-28, 2024**

Please indicate if you have participated in one or more of the summer programs in prior years:

- Middle School at GSU Middle School at VSU High School at VSU

DEADLINE FOR ALL APPLICATIONS: APRIL 15, 2024

STUDENT INFORMATION:

Name: _____
First Middle Last

County: _____ Name of School: _____

Date of Birth: _____ Sex: M / F / O Age: _____ Grade: _____ T-Shirt Size: _____

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

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Richard Woods, *Georgia's School Superintendent*

An Equal Opportunity Employer



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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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



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

Youth Programs Waiver

PROGRAM NAME: _____

DATE(S) OF PROGRAM: _____

I certify that I am the parent or legal guardian of _____.

I hereby acknowledge that my child's participation in the Program activity may expose my child to risk of property damage and bodily or personal injury, and I willingly and voluntarily assume such risks and allow my child to participate. I understand that the risks that my child 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 have been informed and understand that there are inherent risks and dangers involved in these activities.

I further acknowledge that my child's participation may expose him or her to the virus that causes Covid-19 and the inherent risk associated with contracting Covid-19 at public gatherings; I have read through the protocols and preventative measures that Georgia Southern has put into place to help control the spread of Covid-19, discussed them with my child, and agree to abide by those protocols and measures. I acknowledge, though, that these protocols and measures cannot entirely contain the spread of Covid-19 and hereby release and covenant not to sue Georgia Southern should my child be exposed to the virus.

I am aware that Georgia Southern University does not warrant the condition or adequacy of any equipment, premises, vehicle, or mode of transportation for any purpose. I am further aware that Georgia Southern University does not warrant the adequacy or competency of any program leader, vehicle driver, trainer, or other personnel.

I have also read and understand all pre-program information provided. I agree that I will discuss with my child the importance of following all rules of the Program and the instructions and guidelines of the staff of GSU and the program leaders. I acknowledge that my child may be removed from the program without refund for failure to follow all rules and instructions.

I have made myself aware of the physical requirements necessary for participation in this program, and I certify that my minor child or ward possesses all the necessary physical abilities, experience, training, and knowledge.

In the event of an accident, injury, illness or other emergency medical situation, I give my permission for the staff of the event to seek appropriate medical attention and to administer appropriate emergency care to my minor child or ward. I am aware that Georgia Southern does not provide insurance for my minor child or ward, and that I am solely responsible for any medical costs arising out of my minor child or ward's participation in the above-referenced event.

In the event that the program my child is attending is recorded or photographed by Georgia Southern University ("Georgia Southern"), I hereby grant to Georgia Southern, its affiliates, legal representatives, and assigns, and those acting with Georgia Southern's authority and permission, the irrevocable and unrestricted right and permission to create, use, re-use, publish and re-publish any video recordings, audio recordings, photographs, or other media that contain or capture my child's likeness or voice or in which my child's likeness or voice may be included ("Images") in connection with any publication or materials relating to or serving the mission and goals of Georgia Southern University, including advertisements, brochures, or other promotional materials, or for any other lawful purpose. The Images may be used without compensation, and with or without my or my child's name, and in any and all media now or hereafter known,

including, but not limited to, social media, print media, and electronic media.

I acknowledge and agree that Georgia Southern owns all right, title, and interest in and to the Images, including all copyrights therein and the full and unrestricted right to edit and modify the Images, and I hereby assign and agree to assign any such interest that I may own or control to Georgia Southern. I also consent to the use of any printed matter in conjunction with the Images. I hereby waive any right I may have to inspect or approve the Images or any finished product or products incorporating the Images and any written or other print material that may be used in connection therewith, including print material containing my or my child's name. I acknowledge that nothing in this Agreement obligates Georgia Southern or any third party to make any use of the Images. I understand that neither I nor my child will be compensated for use of the Images.

In exchange for allowing my child to participate in this program, I hereby forever release, waive, discharge, indemnify, covenant not to sue, and agree to hold harmless for any and all purposes Georgia Southern University, the Board of Regents of the University System of Georgia, the State of Georgia, the Georgia State Tort Claims Trust Fund, and all of their employees, officers, members, agents, volunteers, and contractors (collectively referred to as the "University") from any and all liability, claims, demands, causes of action, suits, losses, damages, property damage, property loss or theft, costs (including court costs and attorneys' fees) or injury that may be sustained by my child while participating in this activity, while traveling to and from the activity, or while on the premises owned or leased by University, whether caused by the negligence of the University or otherwise. I understand and intend that this waiver is binding upon me, the members of my family, my spouse, and my heirs, executors, administrators and assigns.

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

I hereby warrant that I am the parent or legal guardian of the below-named child. I have read the above Release prior to its execution, and I am fully familiar with its contents. This release shall be binding upon me and my heirs, legal representatives, and assigns.

Signature of Parent or Guardian

Date

Print Name of Parent or Guardian

Print Name of Minor Participant

Date of Birth of Participant

NOTICE OF EXEMPTION

I acknowledge that I have been informed that this program is not a licensed child care facility. I also understand this program is not required to be licensed by the Georgia Department of Early Care and Learning and this program is exempt from state licensure requirements.

Signature of Parent or Guardian

Date

Printed Name of Parent or Guardian

Daytime Phone

Printed Name of Child

Name of Program

Youth Programs - Emergency Information

PROGRAM NAME: _____

DATE(S) OF PROGRAM: _____

Participant's Full Name _____ M/F _____

Mailing Address _____ City, State and Zip _____

Date of Birth _____

MEDICAL AUTHORIZATION

Prior to participation in the Program, parents or legal guardians of all participants are required to provide a complete authorization for medical treatment and a health record for their children. Please print legibly or type, completing all items. The authorization is not valid without proper signature. Please include a copy of the appropriate insurance card(s).

I certify that I am the parent or legal guardian of the above-named child. I understand that Georgia Southern University may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required, as determined by a medical professional, during my child's participation in this activity, with the understanding that the cost of any such treatment will be my responsibility.

I am aware that Georgia Southern University does not provide insurance for my minor child, and that I am solely responsible for any medical costs arising out of my minor child's participation in the above-referenced program. I agree to indemnify and hold harmless Georgia Southern University, the Board of Regents of the University System of Georgia, the State of Georgia, and the Georgia State Tort Claims Trust Fund, and all of their employees, officers, members, agents, volunteers, and contractors (hereinafter referred to collectively as "University") for any costs incurred to treat my child, even if University has signed hospital documentation promising to pay for the treatment due to my unavailability to sign the documentation. I further agree to release, waive, discharge, covenant not to sue, and hold harmless for any and all purposes University from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by my child while receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility, and including injuries sustained as a result of negligence of the University.

I understand that in accepting this document, the University does not waive any sovereign, governmental, or official immunity that might apply to itself, any state agency or instrumentality, or any state officer, employee, or volunteer. I understand and intend that this waiver is binding upon me, the members of my family, my spouse, and my heirs, executors, administrators and assigns. I expressly agree that this document is governed by and interpreted in accordance with the laws of the State of Georgia. Jurisdiction and venue for any actions with respect to this document or to my child's participation in this program shall be had only in a tribunal of competent jurisdiction in Fulton County, Georgia.

Signature of Parent or Guardian (for students under 18)

Date

Printed Name of Parent or Guardian

Daytime Phone

Youth Programs - Emergency Information

Participant's Full Name _____ M/F _____

Date of Birth _____

HEALTH RECORD

PHYSICIAN INFORMATION

Name of participant's physician: _____ Physician's phone numbers: _____

Is participant presently under the care of the physician? _____

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

HEALTH CONDITION

Please list any medication being taken: _____

Is there anything you need us to know about your child, including any allergies or conditions, for which he/she might need accommodations?

TREATMENT PRECAUTIONS

Are there any special circumstances such as religious convictions, legal arrangements, or chronic problems that we should know about before treatment? If yes, please explain:

INSURANCE INFORMATION

Name of Insured: _____

Carrier: _____

Policy Number: _____

Please describe emergency coverage: _____

Please Note:

GSU staff members are not permitted to administer medication

EMERGENCY CONTACTS:

Name _____

Daytime Phone _____

Relationship to participant _____

Nighttime Phone _____

Name _____

Daytime Phone _____

Relationship to participant _____

Nighttime Phone _____

**RELEASE, COVENANT NOT TO SUE, AND ASSUMPTION OF RISK –
MINOR PARTICIPANT**

Name of Minor Participant: _____ Birthday: ____/____/____

This waiver covers my minor child or ward's participation in all Campus Recreation and Intramurals events in which he or she participate during his or her time as a student at Georgia Southern University, or as a non-student participant in such events.

I hereby acknowledge that I am fully aware that there are risks inherent in his or her participation in and preparation for such events, and on my child or ward's behalf I willingly and voluntarily assume such risks. These risks may 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.

I have made myself aware of the physical requirements necessary for participation in such events, and I certify that my child or ward possesses all of the necessary physical abilities, experience, training, and knowledge.

I am aware that Georgia Southern University does not warrant the condition or adequacy of any equipment, premises, vehicle, or mode of transportation for any purpose. I am further aware that Georgia Southern University does not warrant the adequacy or competency of any trip leader, vehicle driver, trainer, or other personnel.

I am aware that Georgia Southern University does not provide insurance for my child or ward, and that I am solely responsible for any medical costs arising out of his or her participation in such events. I hereby grant permission to Georgia Southern University to seek treatment as may be necessary in the best interest of the health of my child/dependent. I understand and agree that Georgia Southern University is not legally liable, financially or otherwise, for such treatment.

I agree that the privilege of my child or ward participating in such events is a valuable opportunity, and in partial consideration of that opportunity, on my own behalf and on behalf of my child or ward I hereby forever release and discharge from liability of any kind arising out of his or her participation in, preparation for, or travel associated with such events, Georgia Southern University, the Board of Regents of the University System of Georgia, the Georgia State Tort Claims Trust Fund, and all of their employees, officers, members, agents, volunteers, and contractors. As a part of the consideration for my child or ward's participation in such events, I hereby covenant not to sue any of the above-named released parties.

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

I am over the age of 18, and I am fully capable of reading and understanding this document. I understand that I will be provided with a copy of it upon request.

Signature of parent/guardian

Date

Print name (please print **CLEARLY**)

Last 4 SSN