

FOUNDATION CAMP APPLICATION FORM:

CAMPER INFORMATION (PLEASE TYPE OR PRINT)

Camper Name: _____ Preferred Name: _____

ETHNICITY: (Optional. DATA Purposes ONLY)

- African-American Asian-American White Hispanic/Latino
 Native American Pacific Islander More than One Race
 Other (please specify) _____

Camper Date of Birth: _____ Camper Age on July 7th, 2025: _____

Address _____

Parent or Guardian name _____

Parent or guardian phone and e-mail _____

What school will the camper be attending this fall? _____

What grade will the camper will be in this fall? _____

Has he attended Foundation Camp before? Yes or No _____

How did you hear about the camp? (Select all that apply)

- Counselor Teacher Friend Social Media Email Other

PARENT/GUARDIAN INFORMATION

Name _____ Relationship _____

Address: _____

Phone # _____ Email _____

Name _____ Relationship _____

Address: _____

Phone # _____ Email _____

PARENT/GUARDIAN SIGNATURE:

**** I give permission for my child to attend this camp.**

Signature of parent or guardian: _____ Date _____

TRANSPORTATION ARRANGEMENTS

AUTHORIZED PICK UP

Foundation Camp provides bus transportation in the Rome city limits. Bus routes will be provided to you before camp begins. If you wish to have your camper ride the bus, you will be responsible for getting your camper to the bus route stop in the morning and having him picked up at the bus stop in the afternoon.

You have the option of bringing your camper to the Georgia Highlands Floyd campus in the morning at the gym lobby and picking him up there in the afternoon. Please list here any individuals who are authorized to pick up your child at the college, including yourself, and sign your permission. This would include anyone authorized to pick up your camper during the camp day, for whatever reason. Authorized individuals must be at least 16 years old. Campers will not be permitted to leave the camp with individuals that are not listed below. Please note that identification may be requested by camp staff.

I authorize the following individuals to pick up my child from Foundation Camp:

Name	Phone Number	Relationship to Child
Name	Phone Number	Relationship to Child
Name	Phone Number	Relationship to Child
Name	Phone Number	Relationship to Child

Signature of Parent/Guardian _____

**Foundation Camp 2025
PERMISSION FORM**

Camper's Name (Please Print) _____ has my permission to take part in Foundation Camp 2025.

I fully and voluntarily consent to my child's participation in Foundation Camp 2025. I hereby acknowledge my awareness that participation in the program may expose my child to risk of bodily or personal injury, or property damage. Participation could include certain physical activities such as lifting, crossing streets, parking lots and intersections, in addition to the physical activities related to participation in sports and other camp activities. I understand that the risks that my child may encounter include but are not limited to transportation accidents, injury from falls, injury from inclement weather, bumps, bruises, cuts and abrasions, muscle strains and sprains, as well as potential exposure to contagious 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 the event of an emergency, I acknowledge that the "Camp leaders" will attempt to reach me at the address and telephone number below to obtain my consent to medical treatment, if necessary. However, by operation of this permission document, I authorize "Camp leaders" to obtain expedient and proper treatment to assure the health and well-being of my child. If I am unable to be reached or if the situation deems necessary, 911 Emergency will be called.

I acknowledge and agree that I will be responsible for any medical expenses, which may be incurred as a result of an accident or injury during the activities of **Foundation Camp 2025**, beyond routine first aid expenses. **Campers are responsible for their own electronic devices. I understand that the "Camp leaders" are not responsible for any loss or damage to a participating camper's possessions or property during camp activities.**

I also acknowledge that I have been informed that the Georgia Highlands College (GHC) Foundation Camp program is not a licensed child care facility. I also understand that the GHC Foundation Camp 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. **I hereby release, absolve and discharge Georgia Highlands College, and their representatives, employees and agents (hereinafter "Camp leaders") from any claim arising from my child's participation in Foundation Camp 2025.**

Signature of Parent/Guardian

Address (Number, Street and Zip Code)

Date of Signature

Telephone Number

**PHOTOGRAPHS/VIDEOS
Release Form**

The undersigned does hereby consent to the taking of photographs/videos of

_____ (camper) by Georgia Highlands College and the 100 Black Men of Rome-NWGA, and to the use of such photographs/videos by Georgia Highlands College and the 100 Black Men of Rome-NWGA for educational, instructional, advertising or promotional purposes, and furthermore, hereby waive any right to inspect or approve the finished version of a written copy that might be used in connection therewith.

SIGNATURE OF PARENT/GUARDIAN

Relationship

Date

Georgia Highlands College---100 Black Men of Rome-NWGA
Foundation Camp 2025

MEDICAL AUTHORIZATION & LIABILITY FORM

****You/your child may not participate in *Foundation Camp 2025* without this form on file at the appropriate Georgia Highlands College office.**

Camper's Name _____
Physician _____ Office Phone: _____

PARENT/GUARDIAN INFORMATION

Name _____ Relationship _____
Contact # _____

Name _____ Relationship _____
Contact # _____

EMERGENCY CONTACT: (other than parents)

Name _____ Relationship _____
Contact # _____

Does the child have any past or present history of the following (please check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Heart problems | <input type="checkbox"/> Environmental Allergy |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Food Allergy |
| <input type="checkbox"/> Bone Injuries/Difficulties | <input type="checkbox"/> Latex Allergy |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> ADD/ADHD |
| <input type="checkbox"/> Muscular Injuries/Difficulties | <input type="checkbox"/> Diabetes |

If any of the above are checked, please elaborate _____

Does the child have any special needs or concerns? Please explain: _____

In consideration of the activities, GHC **Foundation Camp 2025**, and its agents ("Camp leaders"), granting me/my child the privilege of attending, I/my child do agree to waive and hereby release any rights which I/my child may now or hereafter have against GHC **Foundation Camp 2025** and its agents, or assign for any injury or accident which I/my child may suffer as a result of attending or participating in the activity referred to above. I/my child do hereby waive, release, and agree to hold harmless GHC **Foundation Camp 2025** and its agents ("Camp leaders"), or assign from any claim, action, and cause of action on account, arising out of, or in connection with me /my child's participation.

*If the student participant has any medical or physical condition not addressed above, that would in any way limit his/her participation in this event, please attach a separate letter detailing the condition, and what measures should be taken in the case of an episode or occurrence.

Signed this _____ day of _____, 2025

Print Parent/Guardian Name _____ Parent/Guardian Signature _____