

# GHC YOUTH CAMP

## **STUDENT INFORMATION (PLEASE PRINT)**

NAME OF CAMP \_\_\_\_\_

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

Gender       MALE       FEMALE       PREFER NOT TO ANSWER

Ethnicity (Data Purposes ONLY)

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

\_\_\_\_\_

Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

Birth State/Country \_\_\_\_\_

Home Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Parent Email \_\_\_\_\_

Student Mobile #: \_\_\_\_\_

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

Languages Spoken at Home: \_\_\_\_\_

Which middle school does the student attend? \_\_\_\_\_

Which high school will the student attend? \_\_\_\_\_

Grade (Fall 2025): \_\_\_\_\_ Current age \_\_\_\_\_

T-shirt Size: Adult XS / Adult S / Adult M / Adult L / Adult XL

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

Counselor    Teacher    Friend    Social Media    Email    Other

**PARENT/GUARDIAN INFORMATION**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact # \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact # \_\_\_\_\_ Email \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_

**Date** \_\_\_\_\_

# Georgia Highlands College Youth Program

## PERMISSION FORM

Student's Name (Please Print) \_\_\_\_\_ has my permission to take part in a Georgia Highlands College Youth Camp.

**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 a GHC Youth Camp.**

In the event of an emergency, I acknowledge that the "Camp leaders" will attempt to reach me at the contact information 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 any GHC Youth Camp, beyond routine first aid expenses.

Students are responsible for their own electronic devices. I understand that the "Camp leaders" are not responsible for any loss or damage to a participating student's possessions or property during camp activities.

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

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

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

Phone Number \_\_\_\_\_

# Georgia Highlands College Youth Program

## PICK UP AUTHORIZATION

### I. PERSONAL INFORMATION

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian Names \_\_\_\_\_

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

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

### II. AUTHORIZED PICK UP

Please list individuals who are authorized to pick up your child, including yourself. Authorized individuals must be at least 16 years old. Children will not be permitted to leave the program with individuals that are not listed below. Please note that identification may be requested by program staff.

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

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

III. DISMISSAL

Please initial if your child is at least 16 years old and will be responsible for his/her own transportation to and from the program. Your child may sign himself/herself out at the end of program activities.

Signature of Parent/Guardian \_\_\_\_\_

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

# Georgia Highlands College Youth Program

## MEDICAL AUTHORIZATION & LIABILITY FORM

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

### **PARENT/GUARDIAN INFORMATION**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Contact # \_\_\_\_\_ Email \_\_\_\_\_

### **EMERGENCY CONTACT** (other than parents)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Does the child have any past or present history of the following? (Check all that apply)**

- Asthma
- Heart problems
- High Blood Pressure
- Bone Injuries/Difficulties
- Headaches
- Muscular Injuries/Difficulties
- Seizures
- Environmental Allergy
- Animal Allergy
- Food Allergy
- Latex Allergy
- ADD/ADHD
- Diabetes

If any of the above are checked, please elaborate: \_\_\_\_\_

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Other special needs or concerns: \_\_\_\_\_

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List any medications your child is currently taking (please include dosage, times to be taken, and purpose):

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Will your child require assistance with medication? Please explain:

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In consideration of the activities, GHC Youth Program, and its agents (“Program 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 Youth Program 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 Youth Program and its agents (“Program 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.

**Name of Participant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name of Parent/Guardian** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_

**Phone Number** \_\_\_\_\_



# Georgia Highlands College Youth Program

## STUDENT/PARENT CONTRACT

In order to ensure that parents and students understand the responsibility and commitment needed by each camper, please take the time to read over and sign this contract with your child. Please initial each line and sign the form.

### STUDENT CONTRACT

\_\_\_\_\_ I will leave the camp only with a parent or authorized adult.

\_\_\_\_\_ I will respect fellow children and instructors.

\_\_\_\_\_ I will be careful while using all of the technology and equipment at camp.

\_\_\_\_\_ I will participate in all of the activities to the best of my ability.

\_\_\_\_\_ I will act in a safe and responsible manner.

\_\_\_\_\_ I understand that I may be dismissed from the camp if my behavior is disruptive or dangerous for other campers.

\_\_\_\_\_ I will have fun!

Signature of Student \_\_\_\_\_

Date \_\_\_\_\_

### PARENT CONTRACT

\_\_\_\_\_ I agree to discuss all items listed above with my child.

\_\_\_\_\_ I understand that my child may be dismissed from the camp if his/her behavior is disruptive or dangerous for other campers.

\_\_\_\_\_ I understand that I must sign my child in and out each day of camp.

\_\_\_\_\_ I understand that I will be charged a \$25 fee if I pick up my child after 4:30 pm.

Signature of Parent \_\_\_\_\_

Date \_\_\_\_\_



**Georgia Highlands College  
MARCOM Office**

# **TALENT RELEASE FORM**

I, the undersigned, hereby assign all rights to photographs, video and/or audio taken of the minor child under the age of 18 described below to Georgia Highlands College and its designees. I understand the photos and/or video may (or may not) be used for advertising and publicity purposes or any other use Georgia Highlands College intends, which may include but not be limited to billboards, print and broadcast advertisements, academic/admissions/marketing publications or other publicity for advertising purposes whether to internal or external audiences. I further agree that Georgia Highlands College and its designees may use all or any part of said minor's likeness and that during the editing process his/her likeness may be altered for content purposes.

I understand that there will not be any compensation for use of the photos/videos or time spent while taking the photos/videos. I also acknowledge that there will be no notice given to me as to when or how Georgia Highlands College or its designees may use the photos/videos.

I agree not to make any claims against the College as a result of the recording or use of the video and/ or likeness of said minor listed below.

I waive any right to inspect and/or approve the finished product.

I warrant that I am at least 18 years of age and the parent or legal guardian of the minor described below and have the full right and authority to grant this consent on behalf of such minor.

By signing below, I acknowledge that I have read and understand the terms of this release form and I agree to all terms and conditions stated.

Printed Name of Minor: \_\_\_\_\_

Age of Minor: \_\_\_\_\_ Address of Minor: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Date: \_\_\_\_\_