

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

STUDENT INFORMATION (PLEASE PRINT)

NAME OF CAMP _____

Student's Name _____ Preferred Name _____

Gender MALE FEMALE

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 _____

Home Number _____ Cell Phone Number _____

Parent Email _____

Name of School Child Attends _____

Most Recent Completed Grade Level _____ Current age _____

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 _____

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

Signature of Parent/Guardian _____

Date _____

Georgia Highlands College Youth Program

MEDICAL AUTHORIZATION & LIABILITY FORM

Program Name _____

I. Basic Personal Information (please print)

Child's Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone Number: _____ Work Phone Number: _____

Home Phone Number: _____

II. Emergency Contact Information

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

Phone Number(s): (_____) _____, (_____) _____

Address: _____

City: _____ State: _____ Zip: _____

Family Physician: _____ Phone Number: (_____) _____

Insurance Provider: _____ Phone Number: (_____) _____

Policy Number: _____

(Note: Georgia Highlands College 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, animals, etc.)

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

IV. Authorization for Medical Care

In consideration of the activities, GHC Youth Program, and its agents (“Program Leaders”), granting my child the privilege of attending, I 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 my child may suffer as a result of attending or participating in the activity referred to above. I 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.

I understand that Georgia Highlands College does NOT provide medical insurance for my child. In the case of accident or illness, I hereby authorize the staff (“Program Leaders”) to administer or seek medical treatment for my child. I acknowledge that I am solely responsible for any costs arising out of any bodily injury or property damage sustained through my child’s participation in a voluntary program.

Name of Participant: _____ Date: ___/___/___

Signature of Parent or Guardian: _____

Parent or Guardian Name: _____

Work Phone: _____ Cell Phone: _____

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

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 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.

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: _____