



Student Name: \_\_\_\_\_

School: \_\_\_\_\_

## Application Instructions:

- Complete and return this page with the application.
- One application is required per student.
- Have the **student** READ and SIGN the Code of Conduct Agreement.
- **ACCEPTANCE:**
  - Return application to the front office of your school.
  - Your student may start the day AFTER you submit the application.
- **Cell Phone** \_\_\_\_\_
  - By providing this cell phone number, I agree to receiving text messages and/or telephone calls.
  - I understand that I need to join class DOJO when Ms. Cook, Director, sends the link to the number I have provided.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email address (if available)



**Kathy Guepet, Ed Coordinator - 478-363-6250 - Lakeview**  
**Alicia Jenkins, Ed Coordinator - 706-473-9620 - Oak Hill**



#### SECTION I: CHILD'S PERSONAL INFORMATION

A. Legal Last Name		B. Legal First Name		C. Legal Middle Name	
D. Date of Birth (MM/DD/YYYY) ____/____/____ E. Age ____					
F. Gender ____ Male ____ Female ____ Other ____					
H. P.O. Box/Apt #					
I. City		J. State		K. Zip Code	
L. Home/Alternate Phone Number					

#### SECTION II: CHILD'S SCHOOL INFORMATION

A. Grade Level (upcoming school term)	
B. School Attending	
C. Is the student an ESOL* student:	____ Yes ____ No * English as a second language

#### SECTION III: CHILD'S DEMOGRAPHIC INFORMATION

A. Ethnicity	____ Black, Non Hispanic	____ Hawaiian Native/Pacific Islander
	____ White, Non Hispanic	____ Alaska Native/American Indian
	____ Asian	____ Hispanic/Latino
	____ Other - Specify: _____	
B. Is the student a special needs student?	____ Yes ____ No If yes, please specify the child's special need(s): _____	

#### SECTION IV: CHILD'S HOUSEHOLD INFORMATION

A. Participant Lives With:	____ One parent	____ Group Home
	____ Both parents	____ Grandparents
	____ Guardian/Caregiver	____ Other
	____ Foster Home	
B. How many people are in your household? _____		

#### SECTION V: PARENT/GUARDIAN DECLARATORY STATEMENT

I (print name) \_\_\_\_\_ certify that all the information given in this form is correct and true to the best of my knowledge. I understand that providing false information may result in my child not being able to participate in the YES/HAP Summer Program.

Parent or Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**GC YOUTH PROGRAMS  
PICK UP AUTHORIZATION FORM**

**I. Personal Information** (please print)

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Parent/Guardian Names: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone(s): \_\_\_\_\_ Work Phone(s): \_\_\_\_\_

**II. 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 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 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 (attach additional pages as needed):

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

Please note that children must be picked up by designated times. If an authorized adult is unable to be reached, program members will contact the local police department as a last resort to take your child home. If you are not at home, your child will be released to the Division of Family and Children Services.

**III. Authorized 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 activities.

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

Parent or Guardian Name\*: \_\_\_\_\_

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

**GC Youth Programs**  
**Medical Information Form/Authorization to Administer Medication**

**I. Personal/Medication Information** (please print)

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**II. Emergency Contact**

Name of Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Phone: \_\_\_\_\_

**III. Medical Information**

Please list any current medical concerns or medical history we need to know about from your child:

\_\_\_\_\_

Please list any allergies your child has (Ex. Medications, bug stings, food, latex, etc.):

\_\_\_\_\_

Does your child require any accommodations to safely participate in the program? If so, please explain:

\_\_\_\_\_

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

\_\_\_\_\_

**IV. ~~Authorization to Administer Medicine~~ \*The YES staff cannot administer any medicine.**

Name of Licensed Prescriber: \_\_\_\_\_ Phone: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Instructions (route, frequency, duration, take with food, etc.): \_\_\_\_\_

\_\_\_\_\_

Quantity Received: \_\_\_\_\_ Special Storage Instructions: \_\_\_\_\_

~~Hereby authorize the program staff to administer my child the above listed medication. I understand that medication, whether over-the-counter or prescription, should be kept in original containers. Prescription medication containers should bear the pharmacy label, date of filling, pharmacy name and address, patient name, name of prescribing practitioner, name of prescribed medication, directions for use and cautionary statements, as originally appeared on the container. When no longer needed, medications shall be returned to a parent or guardian whenever possible. If the medication cannot be returned, it shall be destroyed.~~

By signing this form, I hereby acknowledge that all information is accurate and current, that all pertinent and important medication information is listed on this form, and to the best of my knowledge, my child can participate safely in the program. I acknowledge that my failure to disclose relevant information may result in harm to my child and/or others during this program. I agree to notify the program of any changes in the above information in a timely and reasonable manner.

I hold harmless and agree to indemnify the program and (the institution), as well as the Board of Regents, from any claims, causes of action, damages, and/or liabilities arising out of or resulting from said medical treatment.

Name of Participant: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

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

**GC YOUTH PROGRAMS  
PARTICIPANT CODE OF CONDUCT**

Program / Camp Name: \_\_\_\_\_

Participant Name (Please Print): \_\_\_\_\_

Parent / Guardian Name (Please Print): \_\_\_\_\_

The Program has established rules and standards of conduct for all Participants. It is the responsibility of the Parent/Legal Guardian and the Participant to review the Program rules and standards of conduct. Dismissed Participants are not eligible for a refund of any fees or expenses. The Parent/Legal Guardian is responsible for all costs associated with removing the Participant from the Program due to his/her misconduct, including, but not limited to, transportation costs to return the Participant home.

**PARTICIPANT AGREEMENT**

I understand, that as a condition for participating in the Program, I must comply with the Program's rules and standards of conduct and follow all reasonable direction of the Program Staff. Failure to comply with the Program's rules and standards of conduct, or failure to comply with the reasonable direction of Program Staff, may result in my being dismissed from the Program.

**Participant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PARENT/LEGAL GUARDIAN AGREEMENT**

I understand that my child will be subject to the rules and standards of conduct of the Program 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 Staff, may result in my child's dismissal from the Program. I accept responsibility for all costs associated with removing my child from the Program, including but not limited to transportation costs to return the Participant home. I understand that Dismissed Participants are not eligible for a refund of any fees or expenses.

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**GC YOUTH PROGRAMS  
WAIVER OF LIABILITY AND MEDIA RELEASE  
(READ CAREFULLY BEFORE SIGNING)**

I also understand that my child's participation in GC Youth Programs may expose him/her to risks of property damage and bodily or personal injury, including injury that may be fatal, and any one or more of the following: injury from falls; inclement weather; injury from animals and/or insects; bites; cuts; stings; burns; abrasions and puncture wounds; broken bones; muscle strains and sprains; heat exhaustion; concussions; drowning; and exposure to contagious diseases which may cause death. In addition, I understand that my child may be exposed to other risks that may not be foreseeable. I have been informed 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 allow my child to participate in this activity, and understand it is my sole responsibility to allow my child to only participate in those activities for which he/she has the prerequisite skills, qualifications, and training.

In addition, I understand that neither Georgia College & State University nor the Board of Regents of the University System of Georgia provide insurance coverage for my participation in GC Youth programs. I also understand that I am solely responsible for any hospital or other costs arising out of any bodily injury, or property damage sustained through my voluntary participation in this program.

For value consideration and in exchange for use of facilities, equipment, materials, supplies, and/or being allowed to participate in this program, I hereby release and forever hold harmless Georgia College & State University and the Board of Regents of the University System of Georgia, and 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 understand that the acceptance of this Release, Waiver of Liability, and Covenant Not to Sue the Institution or the Board of Regents of the University System of Georgia or any agent or employee thereof, shall not constitute a waiver, in whole or in part, of sovereign or official immunity by said Board, its members, officers, agents, and employees.



INITIAL

I CONSENT TO AND AUTHORIZE the use by Georgia College & State University, its officers and employees, of my child's image, voice, and/or likeness for any and all purposes through any media now and in the future. I give my permission for the program to use those recordings or works produced by my child (e.g., artwork) for promotional, commercial, information, and educational purposes in any and all media (including the internet) now existing or hereafter devised, for any purpose whatsoever, as deemed appropriate by Georgia College & State University. I further acknowledge and agree that Georgia College & State University and the Board of Regents of the University System of Georgia, its members, officers, agents, and employees shall not be responsible for any use of the image by any third party accessing the image through the internet or any other manner. I hereby WAIVE THE RIGHT to inspect or approve my image or any finished materials that incorporate my image. I understand and agree the University will hold copyright to the image and that the image may be distributed to other organizations or individuals for use in publication. I also understand that neither my child nor I will receive compensation in connection with the use of my image, voice, and/or likeness. To the extent the image or media of my child is an educational record and may contain personally identifiable information about my child as defined by the Family Educational Rights and Privacy Act of 1974 ("FERPA"), I hereby consent to the release of the image or media. I understand that I have the right not to consent to my child being videotaped, photographed, or recorded during the program, and the right not to consent to the release or use of the image or media and any personally identifiable information about my child

contained in the media, and that this consent shall remain in effect until revoked by me in writing and delivered to Georgia College & State University though any such revocation shall not affect disclosures previously made prior to its receipt. I further release, discharge, indemnify, and hold harmless Georgia College & State University and the Board of Regents, its members, officers, agents, and employees, from and against all liability, actions, debts, claims, demands, rights, injuries, damages, or causes of action of every kind whatsoever, arising from and by reason of any known or unknown, foreseen or unforeseen, relating to the taking or use of the recordings or works of my child, including, without limitation, any and all claims for invasion of privacy, rights of publicity, libel, and slander. I understand that the acceptance of this release and waiver of liability by Georgia College & State University and the Board of Regents of the University System of Georgia shall not constitute a waiver, in whole or in part, of sovereign immunity by the Board, its members, officers, agents, and employees. This authorization and release shall inure to the benefit of the heirs, legal representatives, licensees, and assigns of Georgia College & State University, and the Board of Regents. If any provision of this Media, Photo, and Video Release shall be held invalid or unenforceable, such provision will be deemed severable without affecting the validity or enforceability of the remaining provisions.

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INITIAL

No, I DO NOT grant permission for my child's name, likeness, image, or voice to be used in any form, unless necessary for the administration of the program while my child is participating.

I HEREBY CERTIFY THAT I AM OVER 18 YEARS OF AGE, SUFFERING UNDER NO LEGAL DISABILITIES, THAT I HAVE READ THE ABOVE CAREFULLY BEFORE SIGNING, AND FULLY UNDERSTAND ITS CONTENTS. THIS RELEASE SHALL BE BINDING UPON ME, MY HEIRS, LEGAL REPRESENTATIVES, AND ASSIGNS. THIS CONSENT IS GIVEN FREELY AND VOLUNTARILY BY ME WITHOUT COERCION, DURESS, THREAT, OR PROMISE OF ANY KIND.

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE OF PARENT/LEGAL GUARDIAN  
IF PARTICIPANT IS UNDER 18 YEARS OF AGE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME

Accept	Decline	
		I understand that if my mobile number changes, it is my responsibility to notify the YES Program immediately.
		I agree to participate in the Remind Program, which will send me text message updates on the program changes, parent learning opportunities, student progress, etc.
		I give permission for the participant(s) listed to take part in YES/High Achievers Program' activities, which may include off-site events, academic assistance, and recreational programs.
		If a medical emergency arises, program staff will take all steps necessary to ensure the safety of the participant and will call, if necessary, a public emergency vehicle for transport to an emergency facility. I understand I will be responsible for any transportation charges and medical expenses incurred.
		I agree that if a health condition exists now or in the future which would impact the participation of those listed on front, I will notify the YES staff.
		I hereby give my consent to the YES/High Achievers Program to take the participant's photograph during program activities, to be used for education and public relations purposes in conjunction with the YES Program.
		I hereby give permission for my student's artwork, poetry or other work produced in conjunction with the YES/High Achievers Program to be used for education and public relations purposes.
		I understand that the information to be posted may include information from my student's academic, guidance, permanent or cumulative record (i.e. grades or attendance records). I also understand that the information to be posted does not include other personal identifiable information such as my student's address, phone number, or social security number.
		I further give my consent to the School District and the YES Program to share the participant's student records with each other, Overview, Inc. and Communities In Schools (CIS) for purposes of providing educational support and assistance.
		I give my consent for the YES/HighAchievers Program to survey my student and/or myself about issues relevant to the YES/HighAchievers Program.
		I understand that the YES/HighAchievers Program will use participant records to evaluate individual progress and improvement, as well as to evaluate the impact of the program on student achievement and to obtain continued funding for the program.
		I understand that unless student(s) is picked up by bus departure times designated for each site on, the student(s) will be transported home by a school bus.
		I understand that the YES Program will maintain a low teacher/student ratio and that it is possible that not all students will be enrolled immediately. I understand that student's information may be placed on a waiting list. I/We understand that students will receive acceptance letters via US mail.
		This is a free program and 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.
		I hereby certify that I have read and do understand the above information.

**SIGNATURE OF PARENT/GUARDIAN (first, middle, last name) (IN INK)**

**DATE**



## Advisement of Non-Licensure

This document serves as notification that the \_\_\_\_\_  
camp/program operated through Georgia College and State University is not licensed nor is  
required to be licensed by any agency within the State of Georgia. The camp/program is  
exempted by the Bright from the Start program through the Georgia Department of Early Care  
and Learning (DECAL) division.

By my signature below, I certify that I have read and understand that the above camp/program  
is a non-licensed program.

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

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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