

## 2015 Summer Academy @UGA Registration Packet

Student's Name (First and Last) \_\_\_\_\_

Preferred Name/Nickname \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ County \_\_\_\_\_

Primary Email Address (all pre-camp emails will go here) \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

How did you hear about Summer Academy?  Past Participation  Internet Search  Radio/TV Ad  Email  
 Friend or Relative  Facebook  Brochure  Postcard

Please list the Summer Academy programs you would like to register for below.

Camp Name	Event # (from web)	Day or Overnight	Camp Fee	Extended Day Fee (if needed)	Early Bird or UGA** Discount	Total Amount
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
<b>Total Registration Fees</b>						\$

\*\*List name and UGA department here: \_\_\_\_\_

Student Gender \_\_\_\_\_ Age on first day of camp \_\_\_\_\_ Grade (in Fall 2015) \_\_\_\_\_

Current School \_\_\_\_\_

Overnight roommate requests (not guaranteed): \_\_\_\_\_

Ethnic Background (optional)  Black/African American  White/Caucasian  Latino/Hispanic

Asian-American/Pacific Islander  Native American/Alaskan Native  Other: \_\_\_\_\_

Parent/Guardian Name 1 \_\_\_\_\_ Lives with Child?  Y  N

Primary Parent Cell # \_\_\_\_\_ Primary Parent Home # \_\_\_\_\_

Parent/Guardian Name 2 \_\_\_\_\_ Lives with Child?  Y  N

Second Parent Cell # \_\_\_\_\_ Second Parent Home # \_\_\_\_\_

### Emergency Contact Information

In addition to the parents above, please list **at least one other person** who has permission to make medical decisions for your child and/or remove your child from the program. You may add additional emergency contacts if you choose.

Person 1 \_\_\_\_\_ Phone # \_\_\_\_\_

Person 2 \_\_\_\_\_ Phone # \_\_\_\_\_

Person 3 \_\_\_\_\_ Phone # \_\_\_\_\_

**Medical Information & Special Dietary Needs**

Please provide us with all pertinent information regarding your child’s medical history. Be sure to indicate if your child is currently dealing with any medical and/or psychological issues (i.e. allergies, dietary needs, asthma, physical restrictions, anxiety, etc.). Please attach a separate sheet if you need more space and contact our office if you need to arrange special meals.

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**Release List** – Please list the names of anyone (other than parents or the people listed above) who are allowed to pick up your child from the program. Additional names may be provided on a separate sheet.

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

**Do Not Release List** – Please list the names of anyone who CANNOT pick up your child from the program.

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Submit your forms and payment to our office by one of the methods listed below.

**By Mail or In Person:**

Summer Academy @UGA  
1197 S. Lumpkin St, Registration Services Suite 193  
Athens, GA 30602-3603

**By Secure Fax Line:**

(706) 542-6596  
Attn: Summer Academy at UGA

*Cancellation Policy*

Cancellations must be made in writing to [Jen.Schumann@georgiacenter.uga.edu](mailto:Jen.Schumann@georgiacenter.uga.edu). Cancellations received with a minimum of 10 full business days’ notice will receive a refund minus the standard cancellation fee (\$45 for day camps; \$90 for overnight camps). After that time, cancellations may result in forfeiture of some or all of your payment. Please see the website for a complete explanation of our Cancellation Policy before you register. Up-to-date information can be found in the downloadable document titled Cancellations & Payments on every camp page at [www.georgiacenter.uga.edu/summeracademy](http://www.georgiacenter.uga.edu/summeracademy).

**PAYMENT**

Total Registration Fees from first page \$ \_\_\_\_\_ Today, I want to pay:  Entire Amount  50% Deposit

*Please note that you must pay 50% to hold a spot in any camp. The remaining amount is due two weeks before camp begins.*

Are you submitting a financial aid request with this form?  Y  N *Note: No spot can be held without a deposit.*

How do you plan to pay today?  Check or money order (made payable to UGA)  Cash (in person only)

Credit Card Name on Card: \_\_\_\_\_

Card #: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

## 2015 Summer Academy at UGA Enrollment Agreement & Waivers

### Participant Release and Agreement

The student, and the parent or legal guardian of the student, in exchange for being allowed to participate in and the consideration paid by us for the event or program described as SUMMER ACADEMY AT THE UNIVERSITY OF GEORGIA (SAUGA), do hereby agree to the following relating to SAUGA.

I hereby acknowledge my awareness that participation in the SAUGA activities may expose me/my child(ren) to risk of property damage, bodily or personal injury, including death. Activities will include certain physical activities such as walking, swimming, running, climbing, crossing streets and intersections, etc. I understand that the risks that I/my child(ren) may encounter include, but are not limited to transportation accidents, injury from falls; inclement weather, injury from animal or insect bites; cuts; burns; abrasions and puncture wounds, broken bones; muscle strains and sprains; and exposure to contagious diseases which may cause 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 knowingly and freely assume any and all such risks and voluntarily participate in this activity. I grant permission for my child(ren) to participate in all field trips, activities, and visits to Legion Pool that are part of the scheduled activities for SAUGA (See attached, or syllabus, or website). I understand that some of these activities may include van / vehicle transportation, and give permission for my child to be transported as necessary.

The student, as a SAUGA participant, pledges to conduct himself/herself in a manner that reflects favorably upon all concerned. Students are bound to the conduct guidelines stipulated in the Rules and Regulations. SAUGA staff may discipline a student or refer a student to the Program Administrator for dismissal from the program for behavior detrimental to the program or not in keeping with the program guidelines provided to parents and students. Should a student be dismissed for disciplinary reasons, no fees will be returned to the parent or student. Further, if a student is dismissed for academic reasons resulting from the student's lack of effort or attitude toward the academic environment, no fees will be returned to student or parents.

We further agree that SAUGA reserves the right to make cancellations, changes, and substitutions in case of emergency or changed conditions, or if such are in the best interests of the group affected. Should SAUGA cancel a program without cause, full refunds of the program fees. If cancellation is due to causes outside of the control of SAUGA, SAUGA will refund *only uncommitted and recoverable funds*. In addition, it is agreed that the cost of travel to and from the program is not included in any fees that may be refunded.

It is also agreed that should a student leave the program for any reason other than a death in the immediate family or an illness that requires hospitalization, after the deadline set by SAUGA has passed, there will be *no refund* of any fees. Should a student leave a program as the result of death in the immediate family or an illness that requires hospitalization, SAUGA will refund *only uncommitted and recoverable funds that will be prorated before return*.

In exchange for the use of equipment, materials, supplies and for being allowed to participate in this event, I hereby release and forever discharge the University of Georgia, the Board of Regents of the University System of Georgia, 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 further covenant and agree that for the consideration stated above, I will hold forever harmless and will not take legal action against the University of Georgia, the Board of Regents of the University System of Georgia, its members individually, and their officers, agents, and employees for any claim for damages arising or growing out of my participation in this activity whether caused by negligence or otherwise.

I certify that I am at least 18 years of age. This consent is given freely and voluntarily by me without coercion, duress, threat or promise of any kind. I certify that I understand and have read the above carefully before signing. I understand that I am not subject to any adverse action if I do not sign.

**I have read the Enrollment Agreement above, which includes the Participant Waiver, Medical Treatment Consent, and Medication Policy, and understand its terms and accept its conditions. In the event that this Agreement is executed by one parent, I acknowledge that I am also acting as the agent of the other parent with authority to enroll my child at Summer Academy and to execute this Agreement on his or her behalf. I recognize that Summer Academy relies upon the representations herein made in accepting this enrollment. I certify I am at least 18 years of age.**

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

***Continued on next page...***

### Photo Release

I, the undersigned, being of legal age (or parent or guardian), hereby give SAUGA the right and permission to use, reproduce, edit, exhibit, project, display, copyright and/or publish images of me (or my child) in which I may be included in the whole or in part, photographed during my participation in the program and thereafter, and to circulate the same in all forms and media for any lawful purpose whatsoever.

I hereby waive any right that I may have to inspect and/or approve the finished product or products and any right that I have to control the use to which said product may be applied.

I hereby release, discharge, and agree to waive SAUGA, University of Georgia, and the Board of Regents of the University System of Georgia, their licensees, successors, legal representatives and assigns from any liability by virtue of any blurring, distortion, alteration, optical illusion or use in composite form whether intentional or otherwise that may occur or be produced in making, procession, duplication, projection or displaying of said pictures or images, and from liability for violation of any personal or proprietary right that I may have in conjunction with said pictures or images and with the use thereof.

**I certify I am at least 18 years of age. I have read this document in its entirety, understand it completely, and agree to be bound by its terms.**

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

### Medication Policy & Procedures

If your child needs medication while at camp, you must complete a Medication Consent Form before camp begins (available on the website). SAUGA staff members will dispense medication to students ONLY when this form is on file, and when the medication is provided to the staff in its original packaging or prescription bottle.

Students who need medication dispensed by SAUGA staff are not permitted to carry the medications on their person during the program, except for inhalers. The medications will be secured by SAUGA staff and dispensed as indicated on the Medication Consent Form. Overnight students who need to take medication during the night will be given their medication at lights out and expected to take it at the appropriate time. Refrigeration is available.

You also have the option of giving your child full responsibility for taking their medication while at camp. This must be indicated on the Medication Consent Form. Students who take responsibility for their own medication must keep it secured at all times and out of the reach of other students.

### Medical Treatment Consent

In the event I cannot be reached to give my consent, I authorize the SAUGA staff to seek medical treatment as they deem necessary at a local medical center or health care facility while my child is attending the program. I consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care subsequently deemed necessary or advisable by a licensed health care provider during the session. I understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care, and that it is given to provide the SAUGA staff authority to seek medical treatment, and to provide a licensed health care provider the authority to administer this treatment as he/she judges necessary to the above-named student. I understand that whenever possible, the SAUGA staff will make a good faith effort to contact me before seeking treatment. If this is not possible, I understand that the staff will notify my designee or me as soon as possible of any and all diagnoses and treatments.

I accept responsibility for payment of all services rendered. I understand it is not the responsibility of the staff to file insurance claims; I authorize any medical facility that renders services to release medical information necessary for the processing of insurance claims; and I authorize the payment of insurance claims directly to the medical facility. Neither the University of Georgia nor its staff can be responsible for paying for prescription medication.

**I hereby certify that my child has no medical conditions that will prevent normal participation in the program. I further understand and acknowledge that no medical insurance benefits will be provided during this event, and I certify that I have sufficient health, accident and liability insurance to cover any bodily injury or property damage I/my child may incur while participating in this event and to cover bodily injury or property damage caused to a third party as a result of my child's participation in this event.**

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

***End of document.***