CAMP WIREGRASS
Agriculture, Historic, and Natural Resource Day Camps
ABAC's Georgia Museum of Agriculture

Information Packet

Thank you for registering your child to participate in Camp Wiregrass! Please complete the following forms to complete your camper's registration**. Please sign and email or mail to Camp Wiregrass for each camper attending.** Don't forget to keep a copy for your records! Contact Sara Hand with any questions at (229) 391-5208 or sfhand@abac.edu.

Your child's registration is not complete until the following forms are received.

Forms must be received one week prior to the first day of the camp your child is attending.

ABAC's Georgia Museum of Agriculture
Camp Wiregrass
1392 Whiddon Mill Rd.
Tifton, GA 31793

Camper Information

Name: _____ Age:_____ Youth T-shirt size: _____

School: _____ Gender: _____ Date of birth: _____

Address (include city & zip): _____

Phone: _____ Email (parents): _____

Dietary Restrictions (include food allergies): _____

Camp Wiregrass Session(s)

Please mark which session(s) your child is attending.

Munchkins (ages 4-6)

May 30-June 2: Farm Helpers ☐

June 20-23: Happy Habitats ☐

Explorers (ages 7-9)

June 5-9: Westward Bound ☐

June 12-16: Storybook Summer ☐

Parent/ Guardian Information

First Contact Name: _____ Employer: _____

Address (if different): _____ Day Phone: _____

Work Phone: _____ Cell Phone: _____

Email: _____

Second Contact Name: _____ Employer: _____

Address (if different): _____ Day Phone: _____

Work Phone: _____ Cell Phone: _____

Email: _____

Participation Agreement and Waiver Form

Program/Activity Information

Program/Activity Name: Camp Wiregrass Date(s): 05/30/2023-06/23/2023

Location: ABAC's Georgia Museum of Agriculture, 1392 Whiddon Mill Rd., Tifton, GA 31793

Participant Information

Name: _____ Phone: _____

Address (include city/state/zip): _____

Date of Birth: _____ Gender: _____

Release, Waiver of Liability, and Covenant not to Sue

I (Name) _____, the parent or legal guardian of the Participant, (Name) _____, for the sole consideration, the sufficiency of which is hereby acknowledged, of the right to participate in the event or program described as Camp Wiregrass, do hereby agree to the following relating to the Program.

I fully and voluntarily consent to my child's participation in the Program. I hereby acknowledge my awareness that participation in the Program may expose me/my child to risk of property damage, bodily or personal injury. Participation could include certain physical activities such as hiking, running, skipping, gardening, and cooking. I understand that the risks that I/my child may encounter include, but are not limited to transportation accidents, insect bites/stings, injury from falls, injury in inclement weather, bumps, bruises, cuts and abrasions, muscle strains and sprains, and exposure to contagious diseases 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 exchange for being allowed to participate in the Program, I hereby release and forever discharge and agree to indemnify the Abraham Baldwin Agricultural College, the Board of Regents of the University System of Georgia, its 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 the Program. I further covenant and agree that for the consideration stated above, I will hold forever harmless and will not take legal action against Abraham Baldwin Agricultural College, 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 understand that the acceptance of this Release, Waiver of Liability, and Covenant not to sue shall not constitute a waiver, in whole or part, of sovereign immunity by the Board of Regents of the University System of Georgia, its members, officers, agents, and employees.

I certify that I understand and have read the above carefully before signing. I acknowledge and represent that I freely and voluntarily sign this Agreement, and that it is my express intent that this Agreement shall contractually bind my heirs, executors, administrators, and assigns, and my child's heirs, executors, administrators, and assigns, as well as myself and my child.

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____ Date: _____

Notice of Exemption

I, _____ acknowledge that I have been informed that this program is not a licensed childcare 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.

Parent/Legal Guardian's Signature: _____ Date: _____

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Program Serving Minors Pick-Up Authorization

Personal Information (please print) Today's Date: ____/____/_____

Child's Name: _____ Age: _____

Parent/Guardian Names: _____

Home Phone: _____ Cell Phone: _____Work Phone: _____

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.**

Photo and Media Release

_____ Yes, I (Print Name)_____, the parent and/or legal guardian of (Print Name)_____, the Participant, hereby give Abraham Baldwin Agricultural College and the Board of Regents of the University System of Georgia, the right and permission to use, reproduce, edit, exhibit, project, display, copyright and/or publish my/my child's images, likeness, and recordings in which I/my child may be included in the whole or in part, developed during participation in the Program/Activity and thereafter, and to circulate the same in all forms and media for any lawful purpose whatsoever. My consent includes, but is not limited to, images, likenesses and recordings that may be deemed to be educational records under the Family Educational Rights and Privacy Act of 1974 ("FERPA").

I understand and agree that my/my child's image, likeness or recording will become part of [the institution's] photograph and/or recording file and that it may be distributed to other organizations or individuals for use in any publications, media, or technology now known of or hereafter developed in the future for any lawful purpose whatsoever without further permission from me. I also understand that I will receive no compensation in connection with the use of my/my child's image.

I hereby waive the right to inspect or approve my/my child's image, likeness or recording or any finished material that incorporates such. I further release, discharge, and agree to waive Abraham Baldwin Agricultural College and the Board of Regents of the University System of Georgia, their licensees, successors, legal representatives and assignees from any liability for violation of any personal or proprietary right that I may have in conjunction with said images, likenesses and images and with the use thereof. I further acknowledge and agree that Abraham Baldwin Agricultural College and the Board of Regents of the University System of Georgia and its members, their officers, agents, and employees shall not be responsible for any of such image, likeness or recording by any third party accessing it through the internet or any other means.

_____ No, I do not grant permission for my/my child's image, likeness or recording to be used in any form, unless necessary for the administration of the program in which my child is participating.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____Date: _____

Participant Code of Conduct

Program / Camp Name: Camp Wiregrass

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/Legal Guardian's Signature: _____ Date: _____

Medical Information Form and Authorization for Medical Care

Basic Personal Information (please print) Today's Date: ____/____/_____

Child's Name: _____ Age: _____

Local Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Work Phone: _____

Home Phone: _____

Height: _____ Weight: _____

Emergency Contact Information

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

Contact's Phone Number(s): _____

Contact's Address: _____

City: _____ State: _____ Zip: _____

Family Physician: _____ Phone Number: _____

Insurance Provider: _____ Phone: _____

Policy Number: _____

(Note: The institution 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.)

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, etc.)

_____

_____

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

_____

_____

Does your child need any accommodations to safely participate in the program? If yes, please explain.

_____

_____

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

_____

_____

Authorization for Medical Care

I understand that my child is voluntarily participating in an Abraham Baldwin Agricultural College program. By signing this form I hereby acknowledge that all information is accurate and current, that any activity restrictions, allergies, and medications are listed on this form, and to the best of my knowledge, my child is capable of participating 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 my child's mental, physical, or medical condition before the program begins. I understand that Abraham Baldwin Agricultural College does NOT provide medical insurance for my child and that I should consult my child's physician before allowing my child to participate in this program. In the case of accident or illness, I hereby authorize the program staff to administer or seek medical treatment for my child, as they see fit, including routine first aid care or emergency medical treatment. I hold harmless and agree to indemnify the program, Abraham Baldwin Agricultural College, and the Board of Regents from any claims, causes of action, damages, and/or liabilities arising out of or resulting from said medical treatment. I acknowledge that I am solely responsible for any hospital or other costs arising out of any bodily injury or property damage sustained through my child's participation in such voluntary program.

Name of Participant: _____ Date: _____

Signature of Parent or Guardian: _____

Parent or Guardian Name (print): _____

Work Phone: _____ Cell Phone: _____

Authorization to Administer Medication

Personal/Medication Information (please print) Today's Date: ____/____/_____

Child's Name: _____ Age: _____

Food/Drug Allergies: _____

Parent/Guardian Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Name of Licensed Prescriber: _____

Phone Number: _____

Medication: _____

Dosage: _____

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

_____

_____

Quantity Received: _____ Special Storage Instructions: _____

Authorization for Medicine Administration

I 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 is capable of participating 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 Abraham Baldwin Agricultural College, 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.

Signature of Parent or Guardian: _____

Parent or Guardian Name (print) :_____