



Health Career Camp 2017

Deadline: Friday May 19th, 2017

If you are interested in learning more about health career opportunities in Georgia and you are a rising freshmen, sophomore, junior, or senior in high school then the health career camp would be a great choice for you. During camp students will have the opportunity to learn about the different types of health careers, participate in hands-on activities, and a day long field trip.

In order to participate in the 2017 Health Career Camp please complete the following:

1. Complete the attached application
2. Submit a \$30.00 deposit
3. Submit your current report card or transcript
4. Have daily transportation
5. For rising 9th, 10th, 11th and 12th grade students and graduating seniors.

APPLICATIONS MUST BE MAILED TO OUR OFFICE. Please do not request to drop-off applications.

If you have further questions about camp please contact Rachel Kirkland at 912-478-1590 or

at rachelkirkland@georgiasouthern.edu

Health Career Camp 2017

Monday June 19th-Thursday June 22nd

Time: Day Camp (camp agenda will be mailed out)

Camper's Information:

Campers must have daily transportation. Application must be submitted with current report card/progress report and a \$30.00 application fee.

Participant's First Name: _____

Participant's Last Name: _____

Name wished to be called: _____

Age: _____ Date of Birth: _____

Mailing Address: _____

City: _____ State: _____

Zip: _____

Phone: (Home) _____

(Cell): _____

Email: _____

Sex: Male Female

Are you a vegetarian? Yes No

Race: African American Caucasian Hispanic Other: _____

T-shirt size:

Adult Small Adult Medium Adult Large Adult X-large Adult XX-large

other: _____

Current Grade:

9th 10th 11th 12th GPA _____

Name of High School: _____

Parent/Guardian Information:

Mother/guardian's name: _____

Phone: Home () _____ Work () _____

Cell () _____

Mailing Address: _____

City: _____ Zip code: _____

Father/guardian's name: _____

Phone: Home () _____ Work () _____

Cell () _____

Mailing Address: _____

City: _____ Zip code: _____

The application must be signed, completed in full and be accompanied by the application fee of \$30.00 before it can be considered for acceptance. APPLICATIONS MUST BE MAILED TO OUR OFFICE. PLEASE DO NOT REQUEST TO DROP-OFF APPLICATIONS.

Please mail application and check/money order, made payable to Magnolia Coastlands AHEC, to the following address:

**Magnolia Coastlands Area Health Education Center
Attention: Rachel Kirkland
Georgia Southern University
P.O. Box 8146
Statesboro, GA 30460**

I give permission for my child to participate in the Health Career Camp 2017 at Georgia Southern University sponsored by Magnolia Coastlands AHEC.

Signature of parent/Guardian: _____

Date: _____

Health History Form
(To be completed by Parent or Guardian)

Camper's Name (PRINT): _____

Emergency Contact- In case of illness/emergencies (when parents are unable to be reached):
Please notify: _____ Relation: _____ Phone: _____

Have you any special requests or directions that you wish the camp staff note? (physical limitations, learning disabilities, dietary restrictions, etc.)

Are there any items of a medical nature that might arise during the summer camp? Please specify

To the best of my knowledge, this camper is in good health and is physically able to participate in camp activities. If there are any medical problems that require on-going medical supervision or care, a referral letter from your physician would be helpful. In the event of an emergency and/or special medical treatment, parents will be notified immediately. **If the parents cannot be reached, permission is hereby given to Health Career Camp counselors AND Magnolia Coastlands AHEC to do whatever steps it deems necessary to ensure the safety and health of a camper.** This also allows permission of Magnolia Coastlands AHEC to contact the camper's family physician. I understand that it is the parent's responsibility to let the camp staff know, **IN WRITING**, if there are any medical changes in this camper between the time this form is sent to the camp office and the time camp starts.

Signature of Parent/guardian: _____ **Date:** _____

PERMISSION STATEMENT FORM

I hereby grant permission to Magnolia Coastlands AHEC to seek treatment as may be necessary in the best interest of my health. I understand and agree that Magnolia Coastlands AHEC AND Georgia Southern University are NOT legally liable, financially or otherwise, for such treatment.

I authorize the release of confidential medical information from the Department of Health Services to Magnolia Coastlands AHEC including date of visit, copies of invoices, diagnosis, and amount of charges. This information will be used for the collection of medical charges if necessary by the division of Continuing Education, Public Service and Magnolia Coastlands Area Health Education Center.

Parent/guardian signature: _____ **Date:** _____

Camp participant signature: _____ **Date:** _____

Health Career Camp 2017

**RELEASE OF CLAIMS, WAIVER OF LIABILITY,
ASSUMPTION OF RISKS, AND INDEMNIFICATION AGREEMENT**
(READ CAREFULLY BEFORE SIGNING)

I(**parent/guardian name**) _____ hereby acknowledge that participation by my child (**camper's name**) _____ in (the Health Career Camp, June 19th to June 22nd, 2017), is a voluntary educational, social, athletic, and/or recreational program sponsored and administered by Magnolia Coastlands Area Health Education Center, involves an inherent risk of and exposure to property damage and bodily or personal injury, including injury that may prove fatal, to myself, to my child, or to others. Dangers involved in this activity include, but are not limited to, heat related illnesses, hypothermia, cardiac/circulatory problems, musculoskeletal injuries (sprains, strains, bruises, fractures, etc.), stings and bites, concussions, and cuts/lacerations. I fully assume all risks of injury, sickness, or death to myself and/or my child associated in participation in the above stated voluntary activity and I fully consent to my child's participation. For the sole consideration of Georgia Southern University/Magnolia Coastlands AHEC arranging for and allowing my participation and/or my child's participation in this voluntary program, and in connection therewith, making available for my use and/or my child's use while participating in such program, certain equipment, facilities, grounds, or personnel of Georgia Southern University, I hereby waive, release, forever discharge, hold harmless, covenant not to sue, and indemnify Magnolia Coastlands AHEC (hereafter "Releases") from any and all liability, claims, damages, demands, rights, and causes of action of whatever kind, arising from or by reason of any personal injury, property damage, or the consequences thereof, resulting from or in any way connected with my participation and/or my child's participation in the program. I understand and acknowledge that acceptance of this signed *RELEASE OF CLAIMS, WAIVER OF LIABILITY, ASSUMPTION OF RISKS; AND INDEMNIFICATION AGREEMENT* (hereafter "Agreement") by Magnolia Coastlands AHEC shall not constitute a waiver, in whole or in part, of sovereign immunity by Releases. I further understand and agree that this Agreement shall be effective during the entire period of my participation and/or my child's participation in the above referenced program.

I understand and agree that the Releases do not have medical personnel available at all times during the program and are hereby granted permission to authorize emergency medical treatment, if necessary, or myself and my child, and that such action by Releases shall be subject to the terms of this Agreement. I state that my child have no health-related reasons or problems which preclude or restrict participation in this program, and that I and my child have adequate 24-hour health insurance to provide for and pay any medical costs that may be attendant as a result of injury to my child.

I acknowledge and represent that I have fully informed myself of the contents of this Agreement, 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 my child.

This _____ day of _____, 2017.

Signature of participant _____

Signature of parent or guardian _____ Date _____

Name of child (please print) _____

I give Magnolia Coastlands Area Health Education Center permission to take my child (**child's name**) _____ picture during Health Career Camp 2017 events.

PLEASE CIRCLE: YES NO

Signature of parent or guardian: _____ **Date:** _____

**RELEASE, COVENANT NOT TO SUE, AND ASSUMPTION OF RISK –
MINOR PARTICIPANT**

Name of Minor Participant: _____ **Birthday:** ____/____/____

This waiver covers my minor child or ward's participation in all Campus Recreation and Intramurals events in which he or she participate during his or her time as a student at Georgia Southern University, or as a non-student participant in such events.

I hereby acknowledge that I am fully aware that there are risks inherent in his or her participation in and preparation for such events, and on my child or ward's behalf I willingly and voluntarily assume such risks. These risks may include, but are not limited to, bruises, cuts, sprains, muscle strains, hernia, broken bones, heat exhaustion, hypothermia, concussion, drowning, insect bites, exposure to toxic substances, exposure to criminal activity, injuries caused by wild animals, and death.

I have made myself aware of the physical requirements necessary for participation in such events, and I certify that my child or ward possesses all of the necessary physical abilities, experience, training, and knowledge.

I am aware that Georgia Southern University does not warrant the condition or adequacy of any equipment, premises, vehicle, or mode of transportation for any purpose. I am further aware that Georgia Southern University does not warrant the adequacy or competency of any trip leader, vehicle driver, trainer, or other personnel.

I am aware that Georgia Southern University does not provide insurance for my child or ward, and that I am solely responsible for any medical costs arising out of his or her participation in such events. I hereby grant permission to Georgia Southern University to seek treatment as may be necessary in the best interest of the health of my child/dependent. I understand and agree that Georgia Southern University is not legally liable, financially or otherwise, for such treatment.

I agree that the privilege of my child or ward participating in such events is a valuable opportunity, and in partial consideration of that opportunity, on my own behalf and on behalf of my child or ward I hereby forever release and discharge from liability of any kind arising out of his or her participation in, preparation for, or travel associated with such events, Georgia Southern University, the Board of Regents of the University System of Georgia, the Georgia State Tort Claims Trust Fund, and all of their employees, officers, members, agents, volunteers, and contractors. As a part of the consideration for my child or ward's participation in such events, I hereby covenant not to sue any of the above-named released parties.

I understand that in accepting this document, Georgia Southern University does not waive any sovereign, governmental, or official immunity that might apply to itself, any state agency or instrumentality, or any state officer, employee or volunteer. I expressly agree that this Release is governed by and interpreted in accordance with the laws of the State of Georgia. Jurisdiction and venue for any actions with respect to this Release or to my minor child or ward's participation in any Campus Recreation and Intramurals event shall only be had in a tribunal of competent jurisdiction in Bulloch County, State of Georgia, United States of America.

I am over the age of 18, and I am fully capable of reading and understanding this document. I understand that I will be provided with a copy of it upon request.

Signature of parent/guardian

Date

Name of parent/guardian (please print) _____

Name of child (please print) _____
