



**Albany State Youth Enrichment Program  
June 3<sup>rd</sup> – July 19<sup>th</sup> 2024**

**CAMPER APPLICATION PACKET  
Summer 2024**

**Submit all applications to ASYEP  
East Campus - HPER Gym 206**

**Applications due  
May 17, 2024 by 5pm**

## 2024 CAMPER REGISTRATION INFORMATION

### CAMP OVERVIEW

The Albany State Youth Enrichment Program (ASYEP) Summer Camp is a free, seven( 7) week summer camp, sponsored by Albany State University& the ASU Department of Athletics. *The program's mission "Is to provide youth with a safe and nurturing environment where they can be active, learn new skills, build self-confidence, and have fun over the summer"* It is offered to both boys and girls (7-14) who are seven on or before May 1, 2024.

All youth participating in ASYEP will receive the following:

- Sports and Education Activities led by quality youth development professional, including a Career Day
- Daily breakfast and lunch
- ASYEP T-shirt
- Camp Awards

During the 2023 ASYEP, all youth will participate in the following Enrichment and Sports programs:

- Basketball
- Football
- Personal Health
- Soccer
- Kickball
- Swimming
- Tennis
- Volleyball
- Mathematics
- Science
- English
- Technology

### IMPORTANT PROGRAM DATES

Registration Deadline: Friday, May 17, 2024

Parent Orientation (MANDATORY): Thursday, May 30, 2024 6:00pm - 8:00pm at Albany State University – HPER Gym (504 College Drive Albany, GA 31705). All parents/caregivers must attend the orientation session for the child to be officially enrolled in camp. Important information will be shared regarding ASYEP.

Camp Dates: June 3, 2024 – July 19, 2024

Daily Camp Time: 7:30am - 2:30pm (Monday - Friday)

Physicals: MANDATORY MUST HAVE BEFORE YOU CAN BEGIN THE PROGRAM.....

Registration is available on a first-come, first-served basis. Proof of residence (i.e. a utility bill) and photo identification for participant enrollment. In addition, please bring proof of birth dates for participants.

APPLICATION DEADLINE: 5/17/24

For more information, please contact Coach Robert Skinner at [robert.skinner@asurams.edu](mailto:robert.skinner@asurams.edu) or 229.500.3571.

## GENERAL REGISTRATION INFORMATION

This year's enrollment goal is 350 youth participants. We will register youth participants on a first-come, first-serve basis. Online registration and paper registration packets are **due no later than Friday, May 17, 2024.**

In order to be registered into the program, each child must have a completed application. This includes:

1. Camper Application Form (required)
2. Participant Questionnaire (required)
3. Waiver Release (required)
4. A physical dated July 22, 2023 or later and signed by a Physician (required) *More details below*

Please complete all of the forms located in the attached registration packet and drop off to HPER Gym, 206 prior to registration day or bring with you on registration evening, 5:00pm – 6:00pm.

### MEDICAL EXAMINATION

Physicals are a requirement of camp. You have the following options:

- Provide us a copy of a physical signed by a physician dated July 22, 2023 or later at registration evening **OR**
- Physical dates will be forth coming at selective sites or schools.

### FIELD TRIPS

Field trips will occur throughout the month of June and July. The cost will be communicated during the camp. Please make checks and/or money orders payable to: Albany State University. Cash will be accepted in person at each of the Athletics Department main office. Payment will be due at the time of the event.

### ATTENDANCE POLICY

Youth will be allowed three (3) unexcused absences over the course of the camp. Once a youth participant has two absences, his/her guardian will be contacted to inform them of the absences. If the youth participant has one more absence after that (a total of three unexcused absences), his/her guardian will be informed that the camper is no longer to return to camp. This policy is being put into place to make sure that all youth participants are committed to the program. Given the limited amount of space in the camp, we want to make sure that all of the campers who enroll in camp really want to be there. Our concern is that we needlessly register children who have no intention of attending, and therefore deny others a chance to attend.

### RESEARCH

In order to ensure funding of this program for future years, we are asking parents and guardians for permission for their children to participate in a research study. The research will consist of a survey at the beginning and end of the camp. The consent form is included in the registration packet.

### PHOTOGRAPHS/VIDEOS

Please understand that the University may take photographs and videos of your child while he/she is participating in ASYEP in order to assist in marketing the camps, in research associated with the camps, and in connection with soliciting donors support for the camps.

### CONTACT INFORMATION

For general camp information, please visit our website:

If you have individual questions and/or concerns, please contact the ASYEP staff at 229-500-3571 or [robert.skinner@asurams.edu](mailto:robert.skinner@asurams.edu)

### POST CAMP INFORMATION

While we encourage the building of positive relationships, hire the best people possible, and thoroughly check the background of every staff member in the ASYEP, when the camp ends, most camp staff members end their affiliation with ASYEP. If a staff member chooses to hold mentoring relationships with campers after camp, they are choosing to do this independently and are not supervised or monitored by the ASYEP initiative.

2024 CAMPER APPLICATION

CAMP DATES: Monday, June 3, 2024 – Friday, July 19, 2024

DAILY CAMP TIMES: 7:30 a.m. to 2:30 p.m.

AGE REQUIREMENT: 7 – 14 years old

Please Note:

- We will NOT accept any mailed, emailed, or faxed copies of the application or medical form.
- We do NOT accept requests for specific group assignments or pairings with another camper.

YOUTH PARTICIPANT INFORMATION

Participant's Name: \_\_\_\_\_

Age: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Name of School Attended: \_\_\_\_\_ Last Grade Completed in School: \_\_\_\_\_

Shirt Size: (Please check one)

YOUTHSIZES

- Youth Small
- Youth Medium
- Youth Large

ADULT SIZES

- Adult Small
- Adult Medium
- Adult Large
- Adult XL

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name(s): \_\_\_\_\_

Check here if address is same as child's address above.

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone: ( ) - \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone ( ) - \_\_\_\_\_ Email Address: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

## Notice of Exemption

I, \_\_\_\_\_ acknowledge that I have been informed 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.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

### Emergency Contact Information

Person to notify in case of emergency: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Contact's Phone Number(s): (\_\_\_\_) \_\_\_\_\_, (\_\_\_\_) \_\_\_\_\_

Contact's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Secondary Contact's Name: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_, (\_\_\_\_) \_\_\_\_\_, (\_\_\_\_) \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

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.)**

### Authorization for Medical Care

I understand that my child is voluntarily participating in an Albany State University 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 Albany State University 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, Albany State University, and the Board of Regents from any claims, causes of action, damages, and/or liabilities arising out of or result 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 of Guardian Name (printed): \_\_\_\_\_

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

## 2024 PARTICIPANT QUESTIONNAIRE

**Participant Name:** \_\_\_\_\_

**Previous ASYEP Participant:**  Yes  No  
 If yes, how many years has your child participated in camp? \_\_\_\_\_  
 If yes, please circle the years of participation: 2014    2015    2016    2017    2018

**Why do you register your child for ASYEP? (Please select your top 2 reasons only.)**

- Because I need summer childcare.
- Because ASYEP is an affordable/free camp option and I would not be able to send my kids to camp otherwise.
- Because the camp is affiliated with Albany State University.
- Because my child's friends attend ASYEP
- Because my child has the opportunity to learn new sports skills and an additional education outside the classroom.
- Because my child has the opportunity to learn social skills.
- To expose my child to a college campus.
- To help my child meet friends.
- Because I need a safe place for my child during the summer.
- Other (Please specify here): \_\_\_\_\_

**ASYEP partners with a number of community agencies to support our programming. Please indicate below which community programs your child participates in as this helps us better understand how are youth are being served in the community. (Please check all that apply.)**

- My family receives housing services from the (Albany Housing Authority)
- My family receives SNAP (Supplemental Nutrition Assistance Program) benefits.

**Participant's Race**

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> White, Caucasian          | <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> BI-racial       | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Asian                            | <input type="checkbox"/> Multiple races  |   |
| <input type="checkbox"/> Pacific Islander          | <input type="checkbox"/> African                          | <input type="checkbox"/> Some other race |   |

**Participant's National Origin**

Are you an Immigrant/refugee?

- Yes
- No

If yes, write in client's country of birth \_\_\_\_\_  
 Client refused

**Family's Annual Household Income**

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Below \$4,999   | <input type="checkbox"/> \$20,000-\$29,999 | <input type="checkbox"/> \$50,000-\$59,999 | <input type="checkbox"/> Over \$80,000  |
| <input type="checkbox"/> \$5,000-\$9,999 | <input type="checkbox"/> \$30,000-\$39,999 | <input type="checkbox"/> \$60,000-\$69,999 | <input type="checkbox"/> Unknown        |
| <input type="checkbox"/> \$10,000-19,999 | <input type="checkbox"/> \$40,000-\$49,999 | <input type="checkbox"/> \$70,000-\$79,999 | <input type="checkbox"/> Client refused |

**Family's Annual Household Size**

List # of individuals living in household \_\_\_\_\_

**Free/Reduced Lunch Eligibility**

Is your child eligible for the free/reduced lunch program?

- Yes
- No
- Unknown
- Client refused

**Healthy Start Medicaid Enrollment**

Is your child enrolled in the Medicaid program?

- Yes
- No

**Primary Care Physician**

Does your child have one physician that he or she goes to for all health matters?

- Yes
- No, and we would like information about finding one
- No, but we do not need any information about this

**Dietary Restrictions**

Does your child have any dietary restrictions?

- Yes, my child has the following food allergies: \_\_\_\_\_
- Yes, my child is a vegetarian.
- No dietary restrictions.

**Albany State University**  
**RELEASE, WAIVER OF LIABILITY**  
**AND CONVENTION NOT TO SUE**  
**(READ CAREFULLY BEFORE SIGNING)**

The undersigned hereby acknowledges that participation in collegiate athletic programs and recreational activities involve an inherent risk of physical injury and assumes all such risks. The undersigned hereby agrees that for the sole consideration of Albany State University (the Institution) allowing the undersigned to participate in voluntary recreational programs or collegiate athletic activities and, in connection therewith, making available to the undersigned for his/her use while participating in such programs or activities, certain equipment, facilities, grounds, or personnel of the institution, the undersigned participant does hereby waive liability, release forever discharge the Institution and the Board of Regents of the University System of Georgia (the Board of Regents), its members individually, and its officers, agents and employees of and from any and all claims, demands, rights and causes of action of whatever kind or nature, arising out of all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, including death, resulting from my voluntary participation in or in any way connected with such recreational programs and collegiate athletic activities. He/she will not sue the Institution, the Board of Regents, its members individually, its officers, agents or employees for any claim for damages arising or growing out of his/her voluntary participation in recreational programs or collegiate athletic activities. The undersigned understands that the acceptance of this release, waiver of liability and covenant not to sue the Institution or the Board of Regents 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.

In signing this release, the undersigned acknowledges and represents that he/she has read the foregoing waiver, release and covenant not to sue, understands it, and has signed it **voluntarily** of his/her own free act and deed. He/she further acknowledges that no oral representation, statements or inducements, apart from the foregoing written agreement, have been made and that he/she is at least eighteen (18) years of age and fully competent. If he/she is under the age of eighteen (18), a parent shall sign as his/her legal representative, accepting fully each and every covenant, release, discharge and waiver of liability contained herein. The undersigned fully executes this Release for full, adequate and complete consideration, fully intending to be bound by same. The undersigned understands that he/she is required to provide his/her own Accident and Medical Insurance. The undersigned hereby agrees that he/she is financially responsible for all such accident and medical expenses that he/she may incur as a result of his/her participation in the program or activity. Accident and Medical insurance is not provided by the Institution or the Board of Regents. The undersigned understands that any injury sustained while voluntarily participating in Albany State University collegiate and recreational programs/activities will not be covered by the school's secondary insurance policy. The undersigned understands that while participating in the program or activity sanctioned by the Institution and/or Board of Regents, he/she is subject to the Institution's and/or Board of Regents' regulations, guidelines and procedures, the laws of the United States and the laws and regulations of the State of Georgia. The undersigned understands that in the event he/she violates any of these rules or regulations or becomes disruptive such that he/she is a threat to other participants, the designated agent of the institution and/or Board of Regents shall have the right to dismiss him/her from the program or activity.

Further, the undersigned understands that this release, waiver or liability and covenant not to sue shall be effective for \_\_\_\_\_ semester or the activity as indicated above and occurring from 6/3/2024 to 7/19/2024 So agreed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Name of Participant--Please Print)

\_\_\_\_\_  
\*Signature of Participant (if 18 years or older)

Signature witnessed by: \_\_\_\_\_

\_\_\_\_\_  
Name of Witness (Please Print)

\_\_\_\_\_  
Signature of Witness



**WAIVER of LIABILITY/RELEASE  
for use of facilities for  
RECREATIONAL and/or WATER-BASED ACTIVITIES**

I hereby acknowledge that participation in recreational and/or water-based activities involves an inherent risk of physical injury, property damage, and other dangers, including, but not limited to, hypothermia, broken bones, strains, sprains, bruises, concussions and drowning. I hereby acknowledge that I have **voluntarily** chosen to use the recreational facilities of Albany State University from \_\_\_\_\_ (DATES). I understand that by providing said facilities, Albany State University does not accept and expressly disavows any responsibility for overseeing or monitoring any activities in which participant **voluntarily** engages while on its campus. If swimming and water-related activities are involved, I hereby agree to secure the services of a lifeguard, certified by the Red Cross, who will be on duty during the entire time that participants are permitted use of said facilities. I **voluntarily** accept total responsibility for engaging in the foregoing activities for which I have the prerequisite skills, qualifications, preparation, training and experience. In consideration for the use of said facilities, I hereby release, waive, discharge, and covenant not to sue, the Board of Regents of the University System of Georgia (hereafter BOR) and Albany State University (hereafter ASU), their officers, servants, agents and employees from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or relating to any loss, damage or injury, including death, that may be sustained by me, or to any property belonging to me, whether caused by the negligence of ASU and/or BOR, or otherwise, while using said facilities and participating in the said activities, while in transit to or from the premises, or in any place or places connected with the activity.

**I understand that I am required to provide my own Accident and Medical Insurance.** I hereby agree that I am financially responsible for all such accident and medical expenses that I may incur as a result of my participation in said activities. Accident and Medical insurance is not provided by ASU or BOR.

I understand that while present on the campus of ASU and/or BOR, I am subject to ASU and BOR regulations, guidelines and procedures, the laws of the United States and the laws and regulations of the State of Georgia. I hereby further agree that this release shall be construed in accordance with the laws of the State of Georgia.

I further acknowledge that no oral representation, statements or inducements, apart from the foregoing written agreement, have been made and that I am at least eighteen (18) years of age and fully competent. If I am under the age of eighteen (18), a parent shall sign as my legal representative, accepting fully each and every covenant, release, discharge and waiver of liability contained herein. I execute this Release for full, adequate and complete consideration, fully intending to be bound by same.

So agreed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Name of Participant (please print)                      Signature of Participant (if 18 years or older)

Name of Parent or Guardian (if participant is under 18 years of age **(Please Print)**) \_\_\_\_\_

Signature of Parent or Guardian (if participant is under 18 years of age) \_\_\_\_\_

Signature witnessed by: \_\_\_\_\_  
Name of Witness (Please Print)                      Signature of Witness                      Date



# 2024 Albany State Youth Enrichment Program Medical Examination Record

This confidential information should be made available only to the medical coordinator of physician.

Enrollee name \_\_\_\_\_ Telephone \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_ M \_\_\_ F \_\_\_ Age \_\_\_\_\_  
Street Address

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
City State Zip Code Month Day Year

Name of parent or guardian \_\_\_\_\_

Address of parent or guardian \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_

## Emergency Contact

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_  
Street Address

City State Zip Code

Family Doctor \_\_\_\_\_ Telephone \_\_\_\_\_

## ATTENTION MEDICAL COORDINATOR:

Referral: A youth's parents or guardian must be informed of any health problem discovered during the screening process of during the course of the project. An appropriated health-care agency also will be informed if the parents of guardian consent.

Follow-up: When a health problem is discovered, the institution shall pursue the matter until the problem receives proper treatment or until all reasonable opportunities for such treatment have been exhausted. Institutional responsibility for preexisting medical problems or for problems unrelated to ASYEP participation ends with the conclusion of the project.

## REFERRAL AND FOLLOW-UP PROCEDURE

Parents or guardian and/or health authorities notified of child's health deficiency Yes \_\_\_\_\_ No \_\_\_\_\_

Means of notification: Personal Contact \_\_\_\_\_ Telephone \_\_\_\_\_ Letter \_\_\_\_\_ Date of notification \_\_\_\_\_

Noticeable improvements as of: Date \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Date \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

*This confidential information should be made available only to the medical coordinator and physician.*

Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_ B/P \_\_\_\_\_

List Allergies \_\_\_\_\_ Hemophilia \_\_\_\_\_ Other \_\_\_\_\_

	Normal	If Abnormal, Describe Here	Follow-Up	
			Yes	No
Ears (hearing, absence or cerumen)				
Eyes (reflexes, movements, visual acuity)				
Nose, Throat, Sinuses				
Gums				
Teeth				
Neck				
Lungs				
Breast				
Lymph Nodes				
Heart				
Absence of Hernia				
Back				
Skin				
Bones, Joints, Muscles				
Nervous System				

**OPTIONAL**

Chest X-ray				
Sickle Cell Prep _____	Urine Albumin _____	Urine Sugar _____	Hb. _____	
Immunization Record:	Tetanus _____ Date	Booster Needed	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Diphtheria _____ Date	Booster Needed	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Polio _____ Date	Booster Needed	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Medical History (including current medications taken) _____				

General physical condition \_\_\_\_\_

May participate in program Yes \_\_\_\_\_ No \_\_\_\_\_

Additional comments or recommendations \_\_\_\_\_

Physician Signature: \_\_\_\_\_

**Albany State University**  
**Youth Programs – Protection of Non-Student Minors**  
**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 Code: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_ Home  
Phone Number: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Emergency Contact Information

Person to notify in case of emergency: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Primary Contact's Phone Number(s): (\_\_\_\_) \_\_\_\_\_, (\_\_\_\_) \_\_\_\_\_  
Contact's Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Secondary  
Contact's Name: \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_\_, (\_\_\_\_) \_\_\_\_\_, (\_\_\_\_) \_\_\_\_\_  
Family Physician: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_\_  
Insurance Provider: \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_  
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 (medications, insect bites/stings, food, iodine, latex, etc.)

\_\_\_\_\_

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

\_\_\_\_\_

Does your child need any accommodation 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 Albany State University 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 Albany State University 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, Albany State University, and the Board of Regents from any claims, causes of action, damages, and/or liabilities arising out of or result 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 (printed): \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Routing: Retain for event file.**

**ALBANY STATE UNIVERSITY  
PROGRAMS SERVING MINORS  
PICK UP AUTHORIZATION**

**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 this form.



**YOUTH PROGRAMS**

**PARTICIPANT CODE OF CONDUCT**

Program / Camp Name: ASYEP

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: \_\_\_\_\_



## Participation Agreement and Waiver Form for Minors

### PROGRAM/ACTIVITY INFORMATION

Program/Activity Name ASYEP  
 Date(s) June 3, 2024 - July 19, 2024  
 Location Albany State University

### PARTICIPANT INFORMATION

Name \_\_\_\_\_  
 Address (include city/state/zip) \_\_\_\_\_  
 Phone \_\_\_\_\_  
 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 the (the Program) \_\_\_\_\_, 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 my child to risk of property damage, bodily or personal injury. Participation could include but not limited to physical education activities with certain physical activities such as \_\_\_\_\_.

I understand that the risks that my child may encounter include, but are not limited to physical injury due to use or abuse of equipment and not complying with instructional materials, and exposure to contagious diseases, which may cause death, including but not limited to COVID-19 and any related and/or similar viruses or illnesses, 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 Albany State University, 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 Albany State University, 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: \_\_\_\_\_

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

**Albany State University**  
**Youth Programs –Protection of Non-Student Minors**  
**Media, Photo and Video Release Form**

**Please read the following release carefully initial one.**

Yes

I give permission for my child's name, likeness, image or voice to be used in photographic, Video, digital, or other recording forms. 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 Albany State University (ASU). This consent includes the unrestricted right and permission to copyright and use, reuse, publish, republish, edit, alter, and exhibit and/or distribute any images of my child or in which my child may be included intact or in part, composite or distorted in character or form, without restriction as to changes or transformations. I understand that the image may be readily accessible by the general public. I further acknowledge and agree that ASU 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 understand that I will not have an opportunity to review or approve uses of the recording or works, and I hereby waive any right to inspect or approve the same. I understand that neither my child nor I will receive payment or any other compensation for the taking or use of any recordings or works created as a result of my child's participating in the program. 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 ASU, though any such revocation shall not affect disclosures previously made prior to its receipt. I further release, discharge, indemnify, and hold harmless Albany 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 and 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 or publicity, libel, and slander. I understand that the acceptance of this release and waiver of liability by ASU 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 ASU, 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.

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.**

\_\_\_\_\_  
Print Name of parent/guardian

\_\_\_\_\_  
Name and age of child (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/guardian

Routing: Retain for event file.