



Anita F. Allen, Chief of Police



University Police Department
504 College Drive Albany, Georgia 31705

Women Empowerment 3 Day Camp

June 21, 2023 – June 23, 2023

Application Packet

**Submit all applications to ASU Police Department
East Campus – Reese Building 1st floor
West Campus - A Building Police Department Room 130**

Applications are due June 9, 2023, by 5 pm



229-500-3104 | 229-500-4922 (fax)

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2023 CAMPER REGISTRATION INFORMATION

CAMP OVERVIEW

ASU Women's Empowerment Camp is a program to help reach the female middle and high school teen-targeted audience to provide an experience in Higher Education. This experience will help set goals and aspirations by mentoring the youth and knowing their self-worth, self-esteem, and the importance of being confident. The program will include leadership traits, social skills, and proper etiquette behavior. This program will provide opportunities to help each teen embrace their potential growth and build healthy relationships among their peers.

All youth participating in the camp will receive the following:

- Education Activities and Workshops led by quality youth development professionals.
- Daily lunch
- Crafts/Art
- Campus Award

During the 2023 camp, all youth will participate in the following Enrichment programs:

- Self-Esteem Workshop
- Healthy Living Workshop
- Panel Discussions
- Team Building Activities
- Campus Tours
- Fashion Show
- Social Media Workshop
- Ethics & Professionalism

Important Program Dates

Registration Deadline: June 9, 2023

Campus Dates: June 21, 2023 - June 23, 2023

Daily Camp Time: 10:00 am - 4:00 pm (Wednesday -Friday) 3 days only

Application Packet: **MANDATORY MUST HAVE BEFORE YOU CAN BEGIN THE PROGRAM! NO EXCEPTIONS!**

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.

For more information, please contact Chief Anita Allen at anita.allen@asurams.edu or 229-500-3104



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GENERAL REGISTRATION INFORMATION

This year's enrollment goal is 40 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, June 9, 2023.

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. Medical Form (required)

Please complete all of the forms located in the attached registration packet and drop them off to East Campus Reese Building Police Department prior to registration day or them ring with you on registration morning and afternoon, 10:00 am – 5:00pm.

ASU Campus Tour

Campus walks will occur throughout the 3-day camp. The youth will have an opportunity to visit the ASU Book Store. This will be communicated during the camp if a youth wanted to purchase items from the bookstore.

ATTENDANCE POLICY

Youth will be allowed three (1) 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 one 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 the program 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 Chief Anita Allen at 229-500-3104 at 229-430-4711.



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Albany State University
Youth Programs – Protection of Non-Student Minors
Emergency Locator List for ASU Summer Camps

Name of Camp: _____

Date(s) of Camp: _____

Overnight or Day Camp (Circle One)

Name of Camp Sponsor/Director: _____

Cell Phone Number: _____

Alternate Contact: _____ Alternate Phone Number: _____

Times of Camp and relative locations throughout the day (can attached agenda):

Any additional pertinent information:



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ALBANY STATE UNIVERSITY

YOUTH PROGRAMS – PROTECTION OF NON-STUDENT MINORS

REGISTRATION FORM

Program: _____ Event Dates: _____

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ Zip: _____

School: _____

Birthday: ____/____/____ Grade: _____ Gender : _____ Age: _____

Racial Classification (*circle all that apply*): White African-American or Black American Indian Asian Pacific-Islander

Home Phone: _____ Cell Phone: _____ Email: _____

Parents or guardians you live with:

Last Name: _____ First Name: _____ Work Phone: _____

Last Name: _____ First Name: _____ Work Phone: _____

Health concerns or special needs you would like the university to be aware of:

—

Parent/Guardian Signature: _____ Print 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.



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Parent Signature _____ Date _____



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ALBANY STATE UNIVERSITY

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/Legal Guardian's Signature: _____ Date: _____



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ALBANY STATE UNIVERSITY
YOUTH PROGRAMS – PROTECTION OF NON-STUDENT 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. [Routing: Retain for event file.](#)



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**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 _____ to _____.

So agreed this _____ day of _____, 20____.

(Name of Participant--Please Print) *Signature of Participant (if 18 years or older) Signature



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witnessed by:

Name of Witness (Please Print) Signature of Witness

*Signature of the parent or legal representative is required if the participant is less than 18 years of age.

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**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.](#)



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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, 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.



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Name of Participant: _____ Date: ____ / ____ / ____

Signature of Parent or Guardian: _____

Parent of Guardian Name (printed): _____

Work Phone: _____ Cell Phone: _____

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**Albany State University
Youth Programs - Protection of Non-Student Minors**

MEDICAL TREATMENT LOG

The purpose of this log is to keep a permanent record of all medicine dispensed to participants during the course of an event or activity. All medical treatment should be administered within the training and certification of the caregiver as outlined on the Authorization to Administer Medication form.

Date	Time	Camper's Name	Complaint	Treatment	Administered by:	How was permission obtained?

Note: Administered by indicates who treated the camper and should be at least two people. How was permission obtained must be completed with either reference to the Medical Information Release Form, medical professional prescribed or phone call to parent/guardian. **Logs must be submitted to the Program Administrator daily and submitted to the Events Office along with the Event Summary Sheet when the camp concludes.** [Routing: Retain for event file.](#)