

BADR Home School 2020-2021

(choose one below)

___ Thursday Schedule

October 15, 2020
November 19, 2020
December 17, 2020
January 21, 2021
February 18, 2021
March 18, 2021
April 15, 2021

___ Friday Schedule

October 16, 2020
November 20, 2020
December 18, 2020
January 22, 2021
February 19, 2021
March 19, 2021
April 16, 2021

Parent/Guardian 1

Last Name

First Name

Home Phone

Cell Phone

Email

Family Relation

Parent/Guardian 2

Last Name

First Name

Home Phone

Cell Phone

Email

Family Relation

Address

City

Zip

County

Student 1

Last Name

First Name

Date of Birth Gender Grade

Student 2

Last Name

First Name

Date of Birth Gender Grade

Student 3

Last Name

First Name

Date of Birth Gender Grade

Please indicate payment method here

- Cash** Amount: ___\$70___ (exact amount please)
- Credit/Debit card:** We will call you for this information at the phone number listed above
- Check** Amount: _____
Make checks payable to: *Charlie Elliott Wildlife Center*

Child's Name: _____

Pick-Up Authorization

At the end of the day/program, CEWC staff will only release your child to those listed below. Names may be added as carpool opportunities arise. Please print neatly and include both parent/guardian names, if applicable.

***Please note that a valid photo I.D. is required from any individual listed below.**

The following persons are authorized by _____(parent/guardian) to pick up the child named above.

NAME	RELATION TO CHILD
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Photo/Video/Audio Consent and Release

By signing below, I consent to allow Charlie Elliott Wildlife Center and/or the GA Dept. of Natural Resources to use photos, videos, and/or audio clips that include my child participating in CEWC programs for promotional media, or to showcase programs on CEWC and GA-DNR websites and social media.

I confirm that I understand and voluntarily agree to the above request and conditions, and agree to give up my rights with regards to photos, videos, and/or audio clips of my child.

I also understand that by *not* signing below, I *do not* consent the above request.

Parent/Guardian: _____ Date: _____

Non-Medical Information (Optional)

We ask the following questions so that we can best serve your child and respond to his or her needs. Your responses will be kept confidential, and used only to help us effectively work with your child.

1. Does your child have any known learning or language disabilities that may affect his/her participation in the program? _____

2. Does your child have, or has had in the past, any emotional trauma or difficulties that may affect his/her participation in the program? _____

Behavioral problems? _____

Nervous habits? _____

Particular fears? _____

3. Is there anything else you would like us to know about your child? _____



Event: _____ Date: _____

Child's Name (print): _____

Parent/Guardian's Name: _____

County: _____

Address: _____
Street City State Zip Code

Phone Number: _____ Email Address: _____

Participant Waiver

I understand that there are risks of injury or death or damage to property involved in my participation in such an event, that it is my responsibility to insure the safety of the equipment used and to see that it is operated properly, and that the Georgia Department of Natural Resources and its staff and representatives assume no responsibility for the condition of such equipment, its operations, or safety of the activities involved in this event. In consideration of the acceptance of this registration by the Department, I waive and release and hold harmless the Department and its staff and representatives from any and all claims of damages against the Department and its staff and representatives for injury, or death or damage to property that may occur as a result of or in connection with this event and agree to pay, protect, indemnify and save against all liabilities, damages, costs, expenses, causes of action, suits, demands, judgments and claims of any nature whatsoever arising from, by reason of, or in connection with any injury or death of persons or damage to property arising from, by reason of or in connection with my participation in this event.

I further understand that such an event requires all participants to be in good health and without physical limitations and I certify that I am in good health and have no physical limitations. I further warrant that my health and physical condition are sufficiently good to allow me to perform this assignment without danger to myself or to others. I have read this entire form, including the health acceptance of risk, waiver release, and indemnification provisions and agree to the terms therein.

I have read this entire form, including the health acceptance of risk, waiver release, and indemnification provisions.

Parent/Guardian's Signature: _____ Date: _____

CEWC Photo, Video, and Audio Consent and Release Form

From time to time photographs, videos, and/or audio clips may be taken of youth and adults engaging in Charlie Elliott Wildlife Center programs and activities. The Charlie Elliott Wildlife Center and Department of Natural Resources request the right to use all photos, videos, and/or audio clips taken of program participants, programs, and activities. These may be used for promotional brochures, promotions or showcase of programs on our web sites, showcase of activities in local newspapers, and other not-for-profit purposes.

By signing this form, I consent to allow Charlie Elliott Wildlife Center and the Department of Natural Resources to use photos, videos, and/or audio clips that they have of me or my child participating in Charlie Elliott Wildlife Center's programs.

By signing this form, I confirm that I understand and agree to the above requests and conditions. I agree to give up my rights with regards to photos, videos, and/or audio clips of me. I sign this form freely and without inducement.

Parent/Guardian's Signature: _____ Date: _____

For CEWC Use Only
Health Screening

Updates Yes No

Charlie Elliott Wildlife Center

CAMPER HEALTH RECORD AND EMERGENCY INFORMATION

To be completed by parent or guardian of camper

For CEWC Use Only

Program:

Homeschool

Session _____

Name (Last, First, Initial)		Birth Date	Grade	
Address		City/Town	State	Zip
Parent/Guardian's (1) Name		E-Mail Address (For CEWC use only)		Home Phone ()
Place of work		Title		Work Phone ()
Parent/Guardian's (2) Name		E-Mail Address (For CEWC use only)		Home Phone ()
Place of work		Title		Work Phone ()
Name of Alternate Emergency Contact If Parent/Guardian are Unavailable		Relationship		Home Phone ()
Address		City/Town	State	Zip
				Work Phone ()

INSURANCE INFORMATION, PLEASE COMPLETE THE FOLLOWING:

Carrier	ID Number	Group Number		
Member Services Phone Number ()	Address	City/Town	State	Zip

HEALTH HISTORY: (Check those that apply)

<p>DISEASES:</p> <input type="checkbox"/> Chicken Pox <input type="checkbox"/> Measles <input type="checkbox"/> German Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Kidneys	<p>ALLERGIES:</p> <input type="checkbox"/> Animals: _____ <input type="checkbox"/> Food: _____ <input type="checkbox"/> Hay Fever <input type="checkbox"/> Insect Stings <input type="checkbox"/> Medicine/Drugs: _____ <input type="checkbox"/> Plants: _____ <input type="checkbox"/> Pollen <input type="checkbox"/> Other(specify): _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<p>CHRONIC or RECURRING ILLNESS:</p> <input type="checkbox"/> Ear Infections <input type="checkbox"/> Heart Defect/Disease <input type="checkbox"/> Seizures <input type="checkbox"/> Bleeding Disorders <input type="checkbox"/> Asthma <input type="checkbox"/> Hypertension <input type="checkbox"/> Diabetes <input type="checkbox"/> Musculoskeletal Disorders <input type="checkbox"/> Arthritis <input type="checkbox"/> Sinusitis <input type="checkbox"/> Other(specify): _____	<p>APPLIANCES:</p> <input type="checkbox"/> Hearing Aid <input type="checkbox"/> Orthopedic Braces <input type="checkbox"/> Glasses <input type="checkbox"/> Contact Lenses <input type="checkbox"/> Dental Braces <input type="checkbox"/> Retainer <input type="checkbox"/> Other(specify): _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<p>SUGGESTIONS FROM PARENT/GUARDIAN: My child has permission to take or use the following:</p> <input type="checkbox"/> Tylenol/Acetaminophen <input type="checkbox"/> Advil/Ibuprofen <input type="checkbox"/> Sudafed/decongestant <input type="checkbox"/> Benadryl/antihistamine <input type="checkbox"/> Pepto Bismol <input type="checkbox"/> Tums/antacid <input type="checkbox"/> Robitussin/expectorant
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DETAILS OF ANY CHECKED ITEMS ABOVE (i.e. allergic reactions to bee stings, food, or medications/drugs)

PLEASE DESCRIBE CONDITIONS AND GIVE DATES:
Operations or serious injuries:

Hospitalizations:

List any other diseases or disabilities: _____

Fainting _____ Sleep Disturbances _____ Bed Wetting _____ Menstrual Cramps _____ Constipation _____ Nosebleeds _____ Emotional Disturbances _____ Other (Specific) _____

Any known recent exposure to contagious disease(s) within the last 6 weeks? YES NO If YES, give details _____

Have you talked to your girl about menstruation? YES NO Has she started menstruating? YES NO

Is your child currently under care of physician or psychologist? YES NO If YES, give details regarding treatment, medication, or other considerations on an attached sheet of paper.

Special medical or dietary regimen to be followed (specify): _____

PARENT CONSENT: This Camper Health Record and Emergency Information is complete and accurate to my knowledge. My camper has permission to engage in all prescribed activities, except as noted by me. I give permission for my camper to receive routine healthcare, approved medications, and emergency medical and surgical treatment and to be hospitalized, if necessary. It is understood that every effort will be made to contact me or the person(s) noted above before taking this action.

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____

Charlie Elliott Wildlife Center Code of Conduct

Parents & Campers: Please read the following Code of Conduct. If you agree and are willing to comply with the expectations set by the Code of Conduct, please sign at the bottom of the page.

Behavior Standards

1. Campers are expected to participate in all phases of the camp program and to observe the daily camp schedule. Campers will not be permitted to leave camp except by permission of the camp director.
2. Campers are expected to be respectful to all campers, advisors, and staff. Campers will follow instructions from camp advisors, adult supervisors, and/or CEWC staff.
3. Campers must dress appropriately (clothing that covers the body from shoulders to mid thigh, with no inappropriate advertising, including references to illegal drugs, alcohol, tobacco, or violence).
4. Campers must use appropriate language and respect the rights of others at all times.
5. Campers may not use alcohol, drugs, or any type of tobacco, nor be associated with or remain in the presence of others using the substances.
6. Campers may not behave recklessly, assault, threaten or harm another person.
7. Campers may not misuse or abuse public or private property.
8. Campers may not possess any firearms, weapons, knives, or fireworks.
9. Campers must respect their environment. The buildings, facilities, and outdoor areas of CEWC must be in the same condition as when the campers arrived.

Failure to meet with the above listed behavior standards will result in the following consequences:

Camp Director will be notified of the misconduct to determine what course of action will be taken.

1. Camper will receive a verbal warning.
2. Depending on severity of the inappropriate behavior, camper may be required to call parents/guardians to report their misconduct. Camper may be suspended from one or more camp activities.
3. At the Director's discretion, misconduct of camper may result in their immediate dismissal from camp. Refunds will not be given for camp dismissals based on poor conduct.

Parent & Camper Agreement:

I have read the Charlie Elliott Wildlife Center Code of Conduct and agree to participate fully in all aspects of program activities. I understand the standard of behavior and agree to maintain such during camp programming.

Camper's Signature

Date

I have reviewed the Charlie Elliott Wildlife Center Code of Conduct and agree to all of its provisions.

Parent/ Guardian Signature

Date

