

Banks County High School
STEAM Summer Camp Participant Registration Form 2019
(form must be signed and dated)

Student's Name: _____
First Middle Last

Home Room Teacher's Name: _____ Grade next year: _____

Address: _____ GA _____
Street City State ZIP

Home Phone: _____

Student lives with: parents/mother/father/other

Special Needs: (allergies, medications, diet, restricted pick-up, etc.)

Transportation to and from Summer Camp: School Bus _____ (if bus, please select which stop below) Parent Pick-up _____

<input checked="" type="checkbox"/>	Bus A	Pick-up	Drop	<input checked="" type="checkbox"/>	Bus B	Pick-up	Drop
	Charity Baptist	7:45AM	4:00PM		Mt Carmel Baptist	7:03AM	4:02PM
	New Salem Church	7:30AM	3:50PM		Mt. Sinai Church	7:08AM	3:57PM
	Home Depot	7:15AM	3:35PM		Catfish Corner	7:13AM	3:52PM
	Maysville Park	7:05AM	3:25PM		Alto C. H. Church	7:23AM	3:42PM
	Carson Segars/Hwy 98	7:01AM	3:21PM		Irvin's Hunting Store	7:33AM	3:32PM

Parent/Guardian	Relationship	Home Number	Work Number	Cell Number
Emergency Contact/Pick Up				

Accept	Decline	
<input type="checkbox"/>	<input type="checkbox"/>	I agree to participate in the Connect programs and activities and I hereby give permission for the participant(s) listed to take part in the Banks County Connect Programs activities, which may include off-site events, academic assistance, continuing education, and recreational programs.
<input type="checkbox"/>	<input type="checkbox"/>	If a medical emergency arises, program staff will take all steps necessary to ensure the safety of the participant and will call, if necessary, a public emergency vehicle for transport to an emergency facility. I understand that I will be responsible for any transportation charges and medical expenses incurred.
<input type="checkbox"/>	<input type="checkbox"/>	I agree that if a health condition exists now or in the future that would impact the participation of those listed, I will notify the Connect Program.
<input type="checkbox"/>	<input type="checkbox"/>	I hereby give my consent to the Connect programs to take the participant's photograph during program activities, to be used for education and public relations purposes in conjunction with the Connect Program.
<input type="checkbox"/>	<input type="checkbox"/>	I understand that the Connect Program will maintain records on my child's academic, disciplinary, guidance, permanent and/or cumulative records (i.e. grades or attendance records) and/or qualification for free/reduced lunch. I also understand that information reported using these confidential records will not include personal identifiable information such as my child's address, phone number, or social security number.
<input type="checkbox"/>	<input type="checkbox"/>	I understand that the program will use surveys, interview, and student records to evaluate individual progress and improvement, as well as to evaluate the impact of the program on student achievement and to obtain continued funding for the program.
<input type="checkbox"/>	<input type="checkbox"/>	I have read and agree to comply with the acceptable use and internet safety policy of Banks County as described in the student handbook.
<input type="checkbox"/>	<input type="checkbox"/>	By signing below, I understand the youth who participate in the Banks County School System afterschool/summer program may participate in various fieldtrips throughout the contract period from 10/01/2018 ending 10/01/2019 funded by the DFCS Afterschool Care Program. In consideration of the youth for the opportunity to participate in field trips, Banks County School System hereby releases, indemnify and hold harmless the Georgia Department of Human Services from any liability,

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		claim or demand resulting from such participation. I understand I am to mail a signed copy of this form to the DFCS Afterschool Care Program at the address provided below. I further understand this form must also be kept on file at the afterschool/summer site indicated above at all times.
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Print Parent/Guardian Name

Sign Parent/Guardian Name

Date