

Required Forms

The following form must be submitted the same day the student is registered for camp.

Email: coned@augusta.edu
Use subject line: *KU Required Forms -Student's Name*

Fax: 706-721-4642

In Person: Augusta University
Division of Professional and Community Education
1120 15th St, FI-1066
Augusta, GA 30912
**Entrance door faces the back parking lot

Student Name: _____

DISCIPLINARY RULES AND PROCEDURES

Parent/Guardian and Student Signature Required

Please review this information with your child.

General Policy. Students who choose to behave in ways which interfere with other students' opportunity to learn and/or the instructor's teaching, forfeit their own opportunity to participate in Kids University. Parental support and cooperation is appreciated. No refunds will be made for students dismissed from courses for disciplinary reasons.

Code of Conduct. Kids University staff enforces the same rules that the children know from school regarding pushing, hitting, profane or inappropriate language, verbal "put downs", talking back, running in the halls/stairs, and making threats. Immediate consequences for misbehavior include a call to the parent or guardian and removal from the class activity.

Specific Violations of the Code of Conduct. These violations include but are not limited to possession, use or distribution of an illegal or controlled substance or look-alike drug or alcoholic beverage, theft of property or services, intentional destruction of property, assault and/or battery, and possession of a weapon. Do not bring electronic devices such as laptops, MP3 players, and iPods. Cell phones may not be used during camp times. They must be turned off.

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

NOTICE OF PHOTOGRAPHY

Photographs may be taken of class activities during Kids University; such photographs are to be used for publicity purposes only and there is no monetary compensation for their use.

- I ***do NOT*** want photographs of my child used for these purposes.

Parent/Guardian Signature _____ **Date** _____

- I will allow photographs of my child to be used for these purposes.

Parent/Guardian Signature _____ **Date** _____

WAIVER OF LIABILITY

_____ (print child's name) herein is/are registered participant in the Kids University program that is endorsed and supervised by Augusta University and its representatives. I acknowledge that I am fully aware that this activity entails certain inherent risks, and I agree to assume all such risks of my child's participation. I hereby release Augusta University and its employees and the Board of Regents of the University System of Georgia from responsibility for any personal injury or loss that may result from participation in this activity. I acknowledge that I am solely responsible for any medical and other costs arising out of any bodily injury or loss sustained through my child's participation in this activity. I further covenant and agree that I will not sue Augusta University, its employees or the Board of Regents of the University System of Georgia for any claims for damages arising out of my child's or children's participation in this program. Further, this covenant not to sue shall be effective during the entire period of my child's enrollment with Augusta University.

Parent/Guardian Signature _____ Date _____

EMERGENCY CONTACT AND MEDICAL INFORMATION

Kids University understands that this information is confidential and is to be shared only with Kids University administrative staff so they can make informed decisions about your child's care. When your child completes his/her participation in Kids University this summer, this sheet will be destroyed.

Child's Full Name: _____

Primary Address: _____

City _____ State _____ Zip _____

Name(s) of parent or guardian responsible for student:

_____ Home: _____

Cell: _____

Work: _____

_____ Home: _____

Cell: _____

Work: _____

If we are unable to reach a parent in the event of an emergency, whom should we call?

Name: _____ Contact #: _____

Relationship to parent: _____

Relationship to child: _____

Name(s) of all persons authorized to pick up your child including yourself:

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

In case of medical emergency, may we take your child to the emergency room? Yes / No

Insurance Company: _____

Policy #: _____

Primary Physician's Name: _____ Office phone #: _____

MEDICAL OR SPECIAL CIRCUMSTANCES INFORMATION

- My child ***does not have any*** medical or special circumstances that Kids University needs to know.

Parent/Guardian Signature: _____ **Date:** _____

- **If your child has a medical or special circumstance, please answer the questions below. (Please attach additional information, if needed.)**

My child has food or other allergies KU should be aware of:

Name of medication(s) to be taken:

The medications above were prescribed by a licensed physician.

Primary Physician's Name: _____ Office phone#: _____

Directions for medications (please specify time and dates for your child to take the medication while at camp):

I understand that it is my child's responsibility to come to the Kids University Director at the appointed time for his/her medicine. I also understand that the Kids University program is not responsible for problems or complications arising from your request.

Parent/Guardian Signature: _____ **Date:** _____

SPECIAL ACCOMDATIONS

My child has special physical needs or communication/language difficulties that KU should be aware of (please describe):

****If your child has a substantial medical issue we should be aware of, please provide that information below or call our office at 706-721-3967 before the first day of camp.***

Parent/Guardian Signature: _____ **Date:** _____