



Georgia Highlands College
The 100 Black Men of Rome--NWGA
Foundation Camp 2022 Application

Dear Parent or Guardian:

Thank you for registering your child for **Foundation Camp 2022**, presented through a partnership between the **100 Black Men of Rome-NWGA** and **Georgia Highlands College**--two weeks of Foundations in Athletics, Academics, Brotherhood, Self-Respect, and Higher Education on the Rome Campus of **Georgia Highlands College Monday, July 11 through Friday, July 22nd** for young men ages **10 through 14**. Camp days begin at 8 a.m. and conclude at approximately 2:45 p.m., weekdays only. Transportation in Rome will be provided. Breakfast and Lunch are provided. For additional information, contact Evan Snelling at 678.702.4565, Greg Shropshire at 678.956.9660, or Jon Hershey at 706.506.4625—or email foundationcamp@highlands.edu.

- **Camp is for young men ages 10 through 14.**
- Camp days begin at 8 a.m. and conclude at approximately 2:45 p.m., weekdays only.
- Transportation in Rome will be provided.
- Breakfast and Lunch are provided.
- **COVID-19 Safety: Mask and other requirements will be updated before camp begins, depending on health policies for camps in Georgia in July 2022.**
- For additional information, contact Evan Snelling at 678.702.4565, Greg Shropshire at 678.956.9660, or Dr. Jon Hershey at 706.506.4625.
- **There is no charge for Foundation Camp.**

In order for a camper to attend, his parent or guardian must complete the attached forms:

1. Application
2. Parent Permission Form & Photo Release Form
3. Medical Authorization & Liability Release Form

Mail the completed forms to Dr. Jon Hershey at Georgia Highlands College, 3175 Cedartown Hwy, Rome, Georgia 30161, or send scanned forms to Dr. Hershey at foundationcamp@highlands.edu. We will contact you with bus routes and more information after we receive the forms. **ALL FORMS MUST BE COMPLETED BEFORE ATTENDANCE IS ALLOWED.**

Note: It is important that the young men who sign up to attend the Foundation Camp are committed to attend both weeks of the camp.

Sincerely,

Evan Snelling, Director esnellin@highlands.edu 678.702.4565

Greg Shropshire, Director shropshire.gregory@gmail.com 678.956.9660

Dr. Jon Hershey, Director jhershey@highlands.edu 706.506.4625

FOUNDATION CAMP APPLICATION FORM:
CAMPER INFORMATION (PLEASE TYPE OR PRINT)

Camper Name: _____ Preferred Name: _____

ETHNICITY: (DATA Purposes ONLY)

- African-American Asian-American White Hispanic/Latino
 Native American Pacific Islander More than One Race
 Other (please specify) _____

Date of Birth: _____ Age on July 11th, 2022: _____

Address _____

Parent or Guardian name _____

Parent or guardian phone and e-mail _____

What school will the camper be attending this fall? _____

What grade will the camper will be in this fall? _____

Has he attended Foundation Camp before? Yes or No _____

How did you hear about the camp? (Select all that apply)

- Counselor Teacher Friend Social Media Email Other

PARENT/GUARDIAN INFORMATION

Name _____ Relationship _____

Address: _____

Phone # _____ Email _____

Name _____ Relationship _____

Address: _____

Phone # _____ Email _____

ALTERNATE CONTACT/TRANSPORTATION ARRANGEMENTS

In the event of an emergency, I authorize the following individual(s) to pick up my child from the camp:

Name/Relationship _____ Phone _____

Name/Relationship _____ Phone _____

ATTENTION PARENT/GUARDIAN:

**** I give permission for my child to attend this camp.**

Signature of parent or guardian: _____ Date _____

Foundation Camp 2022
PERMISSION FORM

Camper's Name (Please Print) _____ has my permission to take part in Foundation Camp 2022.

I hereby release, absolve and discharge Georgia Highlands College, and their representatives, employees and agents (hereinafter "Camp leaders") from any claim arising from my child's participation in *Foundation Camp 2022*.

In the event of an emergency, I acknowledge that the "Camp leaders" will attempt to reach me at the address and telephone number below to obtain my consent to medical treatment, if necessary. However, by operation of this permission document, I authorize "Camp leaders" to obtain expedient and proper treatment to assure the health and well-being of my child. If I am unable to be reached or if the situation deems necessary, 911 Emergency will be called.

I acknowledge and agree that I will be responsible for any medical expenses, which may be incurred as a result of an accident or injury during the activities of *Foundation Camp 2022*, beyond routine first aid expenses.

Camper's are responsible for their own electronic devices. I understand that the "Camp leaders" are not responsible for any loss or damage to a participating camper's possessions or property during camp activities.

I also acknowledge that I have been informed that the Georgia Highlands College (GHC) Foundation Camp program is not a licensed child care facility. I also understand that the GHC Foundation Camp program is not required to be licensed by the Georgia Department of Early Care and Learning and this program is exempt from state licensure requirements.

Signature of Parent/Guardian

Address (Number, Street and Zip Code)

Date of Signature

Telephone Number

PHOTOGRAPHS/VIDEOS
Release Form

The undersigned does hereby consent to the taking of photographs/videos of

_____(camper) by Georgia Highlands College and the 100 Black Men of Rome-NWGA, and to the use of such photographs/videos by Georgia Highlands College and the 100 Black Men of Rome-NWGA for educational, instructional, advertising or promotional purposes, and furthermore, hereby waive any right to inspect or approve the finished version of a written copy that might be used in connection therewith.

SIGNATURE OF PARENT/GUARDIAN

Relationship

Date

Note: It is important that the young men who sign up to attend the Foundation Camp are committed to attend both weeks of the camp.

Georgia Highlands College
100 Black Men of Rome-NWGA
Foundation Camp 2022

MEDICAL AUTHORIZATION & LIABILITY FORM

****You/your child may not participate in *Foundation Camp 2022* without this form on file at the appropriate Georgia Highlands College office.**

Camper's Name _____
Physician _____ Office Phone: _____

PARENT/GUARDIAN INFORMATION

Name _____ Relationship _____
Contact # _____

Name _____ Relationship _____
Contact # _____

EMERGENCY CONTACT: (other than parents)

Name _____ Relationship _____
Contact # _____

Does the child have any past or present history of the following (please check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Heart problems | <input type="checkbox"/> Environmental Allergy |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Food Allergy |
| <input type="checkbox"/> Bone Injuries/Difficulties | <input type="checkbox"/> Latex Allergy |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> ADD/ADHD |
| <input type="checkbox"/> Muscular Injuries/Difficulties | <input type="checkbox"/> Diabetes |

If any of the above are checked, please elaborate _____

Special needs or concerns _____

In consideration of the activities, GHC **Foundation Camp 2022**, and its agents ("Camp leaders"), granting me/my child the privilege of attending, I/my child do agree to waive and hereby release any rights which I/my child may now or hereafter have against GHC **Foundation Camp 2022** and its agents, or assign for any injury or accident which I/my child may suffer as a result of attending or participating in the activity referred to above. I/my child do hereby waive, release, and agree to hold harmless GHC **Foundation Camp 2022** and its agents ("Camp leaders"), or assign from any claim, action, and cause of action on account, arising out of, or in connection with me /my child's participation.

*If the student participant has any medical or physical condition not addressed above, that would in any way limit his/her participation in this event, please attach a separate letter detailing the condition, and what measures should be taken in the case of an episode or occurrence.

Signed this _____ day of _____, 2022

Print Student Name _____ Print Parent/Guardian Name _____
Student Signature _____ Parent/Guardian Signature _____