



Grow It Know It Summer Program

UGA Office of Service-Learning / UGArden

2510 South Milledge Avenue

Athens, Georgia 30605

2020 Grow It Know It Summer Program Request for Financial Assistance

Financial assistance is available for the Grow It Know It Summer Program in the form of need-based scholarships. These full scholarships are dependent on recommendations from the Clarke County School District and the availability of scholarship funds in our program. Not all requests can be approved.

Student Name _____

Parent Name _____ Parent Cell/Work # _____

Parent Email* _____ Parent Home # _____

To request Financial Assistance, you must do the following:

1. Fill out this request for Financial Assistance form and the entire attached "Grow It Know It Summer Program Enrollment Packet," complete with all waivers.
2. Submit all forms by mail or in person.

Parent Signature _____ Date _____

Please return this form and the appropriate supporting documents to:

Grow It Know It Summer Program
UGArden
2510 South Milledge Avenue
Athens, GA 30605

The University of Georgia does not discriminate on the basis of race, color, national or ethnic origin, handicap, sexual orientation or preference, gender, or age in the administration of educational policies, admissions policies, financial aid, employment, or any other University program or activity. It admits qualified students to all the rights, privileges, programs and activities generally accorded or made available to students.

Questions? Call (707) 623-7459 or email us at warwickp@uga.edu.



Grow It Know It Summer Program

UGA Office of Service-Learning / UGArden
 2510 South Milledge Avenue
 Athens, Georgia 30605

2020 Grow It Know It Summer Program Registration

Student's Name (First and Last) _____

Preferred Name/Nickname _____ Date of Birth _____

Home Address _____

City, State, Zip _____

Primary Email Address (all program emails will be sent here) _____

Primary Phone Number _____ Secondary Phone Number _____

Past Participation in the Kitchen Garden Corps/Grow It Know It program (Yes/No) _____

Program T-Shirt Size (Check One) **Youth** S M L **Adult** S M L XL

Please mark the weeks of the Grow It Know It Summer Program you would like to register for below. In the event that the week has been filled to capacity, you will be notified.

Dates of Program	Cost	Week Attending	Participant Limit	Location/Description
June 1-4	\$60		30 participants	Hilsman Middle School
June 5-7	\$80		14 participants	Weekend Camping Trip
June 8-11	\$60		30 participants	Hilsman Middle School
June 15-18	\$60		30 participants	Clarke Middle School
June 22-25	\$150 food, transportation, and gear included \$60 food and transportation and no gear included		14 participants	Backpacking Trip
July 6-9	\$60		30 participants	Clarke Middle School
July 13-16	\$60		30 participants	Clarke Middle School

Student Gender _____ Age _____ Grade _____

School _____

Parent/Guardian Name 1 _____ Lives with Child? (Yes/No) _____

Primary Parent/Guardian Cell # _____ Primary Parent Home # _____

Parent/Guardian Name 2 _____ Lives with Child? (Yes/No) _____

Second Parent Cell # _____ Second Parent Home # _____

Questions? Call (707) 623-7459 or email us at warwickp@uga.edu.



Grow It Know It Summer Program

UGA Office of Service-Learning / UGArden
2510 South Milledge Avenue
Athens, Georgia 30605

Emergency Contact Information

In addition to the parents above, please list at least one other person who has permission to make medical decisions for your child and/or remove your child from the program. You may add additional emergency contacts if you choose.

Person 1 _____ Phone # _____

Person 2 _____ Phone # _____

Person 3 _____ Phone # _____

Submit your forms to our office by one of the methods listed below.

By Mail or In-Person

Grow It Know It
UGArden
2510 South Milledge Avenue
Athens, Georgia 30605

Payment

Checks should be made to:
Grow It Know It
UGArden
2510 South Milledge Avenue
Athens, GA 30605

Cancellation Policy

Cancellations must be made in writing to warwickp@uga.edu. Requests for refunds must be submitted with proper documentation. If participant needs to withdraw from the program after paying the program fee but before the program week begins, the fee for that week will be fully refunded minus a \$10 service fee. Weekly fee will not be refunded for a week partially attended or for "no-shows" except for the following reasons: 1-illness or injury, 2-death in the immediate family, or 3-extenuating circumstances handled on a case by case basis.

The University of Georgia does not discriminate on the basis of race, color, national or ethnic origin, handicap, sexual orientation or preference, gender, or age in the administration of educational policies, admissions policies, financial aid, employment, or any other University program or activity. It admits qualified students to all the rights, privileges, programs and activities generally accorded or made available to students.

Questions? Call (707) 623-7459 or email us at warwickp@uga.edu.



Grow It Know It Summer Program

UGA Office of Service-Learning / UGarden

2510 South Milledge Avenue

Athens, Georgia 30605

2020 Grow It Know It Summer Program Participation Agreement and Waiver Form

PROGRAM/ACTIVITY INFORMATION

Program/Activity Name: Grow It Know It Summer Program

Date (s): _____

Location: Hilsman Middle School and Clarke Middle School

PARTICIPANT INFORMATION

Name: _____

Address (include city/state/zip): _____

Phone: _____

Date of Birth: _____ Gender: _____

2020 Grow It Know It Summer Program Release, Waiver of Liability, and Covenant Not to Sue

I (Name) _____, the parent of the Participant (Name) _____

_____, for the sole consideration, the sufficiency of which is hereby

acknowledged, of the right to participate in the event or program described as the Grow It Know It Summer Program, do hereby agree to the following relating to the program.

I fully and voluntarily consent to my child's participation in the Grow It Know It Summer Program. I hereby acknowledge my awareness that participation in the Grow It Know It Summer Program may expose my child(ren) to risk of property damage, bodily or personal injury. Participation could include certain physical activities such as lifting, walking, working with small farm animals, using kitchen tools such as knives, mixers, stoves, ovens, and blenders, using garden tools such as shovels and trowels, and using construction tool such as saws, drills, and hammers, lifting, walking, crossing streets, parking lots and intersections. I understand that the risks that my child may encounter include, but are not limited to transportation accidents, injury from falls, injury in inclement weather, bumps, bruises, cuts and abrasions, muscle strains and sprains, and exposure to contagious diseases which may cause death, as well as other risks that may not be foreseeable. I knowingly and freely assume any and all such risks and voluntarily allow my child(ren) to participate in this activity.

We agree that Grow It Know It reserves the right to make cancellations, changes, and substitutions in case of emergency or changed conditions, or if such are in the best interests of the group affected.

Should Grow It Know It cancel a program without cause, program fees will be refunded fully. If cancellation is due to causes outside of the control of Grow It Know It, Grow It Know It will refund only uncommitted and recoverable funds. In addition, it is agreed that the cost of travel to and from the program is not included in any fees that may be refunded.

Should a student leave a program due to a death in the immediate family, an illness that requires hospitalization, or other extenuating circumstances as approved by the program coordinator, Grow It Know It will refund the full cost minus stated cancellation fees in the Grow It Know It Cancellation Policy.

Questions? Call (707) 623-7459 or email us at warwickp@uga.edu.



Grow It Know It Summer Program

UGA Office of Service-Learning / UGArden
2510 South Milledge Avenue
Athens, Georgia 30605

In exchange for being allowed to participate in the Grow It Know It Summer Program, I hereby release and forever discharge and agree to indemnify the University of Georgia the Board of Regents of the University System of Georgia, its members individually and their officers, agents and employees from any and all claims, demands, rights, expenses, actions, and causes of action, of whatever kind, arising from or by reason of any personal injury, bodily injury, property damage, or the consequences thereof, whether foreseeable or not, resulting from or in any way connected with my participation in the Program. I further covenant and agree that for the consideration stated above, I will hold forever harmless and will not take legal action against the University of Georgia, the Board of Regents of the University System of Georgia, its members individually, and their officers, agents, and employees for any claim for damages arising or growing out of my participation in this activity whether caused by negligence or otherwise.

I understand that the acceptance of this Release, Waiver of Liability, and Covenant not to sue shall not constitute a waiver, in whole or part, of sovereign immunity by said Board, its members, officers, agents, and employees.

I understand that as a state agency, the University of Georgia is exempt from licensing by the Georgia Department of Early Care and Learning for minors programs.

I certify that I understand and have read the above carefully before signing. I acknowledge and represent that I freely and voluntarily sign this Agreement, and that it is my express intent that this Agreement shall contractually bind my heirs, executors, administrators, and assigns, and my child's heirs, executors, administrators, and assigns, as well as myself and my child.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Photo and Media Release

_____ Yes, I (Name) _____ the parent and/or legal guardian of _____, the Participant, hereby give the

University of Georgia, and the Board of Regents of the University System of Georgia, the right and permission to use, reproduce, edit, exhibit, project, display, copyright and/or publish my/my child's images, likeness, and voice in which I/my child may be included in the whole or in part, developed during participation in the Program/Activity and thereafter, and to circulate the same in all forms and media for any lawful purpose whatsoever. My consent includes, but is not limited to, images, likenesses and recordings that may be deemed to be educational records under the Family Educational Rights and Privacy Act of 1974 ("FERPA").

I understand and agree that my/my child's image will become part of the University of Georgia's photograph file and that it may be distributed to other organizations or individuals for use in any publications, media, or technology now known of or hereafter developed in the future for any lawful purpose whatsoever without further permission from me. I also understand that I will receive no compensation in connection with the use of my/my child's image.

I hereby waive the right to inspect or approve my/my child's image or any finished materials that incorporates the image. I further release, discharge, and agree to waive the University of Georgia, and the Board of Regents of the University System of Georgia, their licensees, successors, legal representatives and assignees from any liability for violation of any personal or proprietary right that I may have in conjunction with said pictures or images and with the use thereof. I further acknowledge and agree that the University of Georgia and the Board of Regents of the

Questions? Call (707) 623-7459 or email us at warwickp@uga.edu.



Grow It Know It Summer Program

UGA Office of Service-Learning / UGArden

2510 South Milledge Avenue

Athens, Georgia 30605

University System of Georgia and its members, their officers, agents, and employees shall not be responsible for any of such image, likeness or recording by any third party accessing it through the internet or any other means.

_____ No, I do not grant permission for my/my child's image, likeness or recording to be used in any form, unless necessary for the administration of the program in which my child is participating.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

End of Waiver.



Grow It Know It Summer Program

UGA Office of Service-Learning / UGArden

2510 South Milledge Avenue

Athens, Georgia 30605

2020 Grow It Know It Summer Program Participant Code of Conduct

Participant Name: _____

Parent/Guardian Name: _____

This Code of Conduct is to ensure the safety and well-being of all participants in a Program/Activity hosted at or by the University of Georgia. It applies to all participants including minors and their parents/guardians.

Requirements:

- The students are representatives of Grow It Know It. As such, they are expected to behave in a professional and respectful manner. Students must not use profanity at any time.
- Obey University and Clarke County School District policies and local, state and federal laws.
- Respect and adhere to the Grow It Know It Summer Program rules and guidelines including all those specific to the individual camp or activity.
- Follow all instructions and directives given by the Grow It Know It Summer Program Staff.
- Act in a courteous manner and treat participants, parents, volunteers, staff, and others with respect. Appropriate language and behavior are expected at all times.
- Uphold an individual's right to dignity by supporting an environment of inclusion which welcomes involvement of participants from all backgrounds.

Participants who fail to adhere to this Code of Conduct are subject to a range of disciplinary actions. When appropriate, immediate corrective action will be taken to ensure the safety and welfare of all participants. Failing to adhere to this Code of Conduct may subject participants to disciplinary action, up to and including removal from the Grow It Know It Summer Program and future Programs/Activities of the University of Georgia.

Parent/Guardian & Participant Acknowledgement and Agreement

I understand that as a condition for participating in the Grow It Know It Summer Program, I must comply with the Grow It Know It Summer Program rules and standards of conduct and follow all reasonable direction of the Grow It Know It Summer Program Staff. Failure to comply with the Grow It Know It Summer Program rules and standards of conduct or failure to comply with the reasonable direction of the Grow It Know It Summer Program Staff may result in my being dismissed from the Grow It Know It Summer Program and impact my ability to participate in future Programs/Activities of the University of Georgia.

Participant Signature: _____ Date: _____

I understand that my child will be subject to the rules and standards of conduct of the Grow It Know It Summer 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 the Grow It Know It Summer Program Staff may result in my child's dismissal from the Grow It Know It Summer Program. I accept responsibility for all costs associated with removing my child from the Grow It Know It Summer Program, including but not limited to transportation costs to return my child home. I understand that dismissed Participants are not eligible for a refund of any fees or expenses and may not be eligible to participate in future Programs/Activities offered by the University of Georgia.

Parent/Guardian Signature: _____ Date: _____

Questions? Call (707) 623-7459 or email us at warwickp@uga.edu.



2020 Grow It Know It Summer Program Programs and Activities Serving Minors Pick Up Authorization

Personal Information (please print)

Today's Date: _____

Child's Name: _____ Age: _____

Parent/Guardian Name: _____

Home Phone: _____

Cell Phone(s): _____

Work Phone(s): _____

Please select the appropriate authorization below:

I. 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/activity 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/activity 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/activity (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/activity 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.

II. 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/activity.

Signature of Parent or Guardian: _____

Parent or Guardian Name*: _____

*Please note that only the enrolling parent or guardian will be permitted to complete this form.

2020 Grow It Know It Summer Program

Medical Information Form and Authorization for Medical Care

I. **Basic Personal Information** (please print) Today's Date: ___ / ___ / ___
Child's Name: _____ Age: _____
Local Address: _____
City: _____ State: _____ Zip: _____
Cell Phone Number: _____ Work Phone Number: _____
Home Phone Number: _____
Height: _____ Weight: _____

II. Emergency Contact Information

Person to notify in case of emergency: _____ Relationship: _____
Contact's Phone Number(s): (____) _____, (____) _____
Contact's Address: _____
City: _____ State: _____ Zip: _____
Family Physician: _____ Phone Number: (____) _____
Insurance Provider: _____ Phone Number: (____) _____
Insurance subscriber (parent) name: _____
Subscriber (parent) date of birth: _____
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.)

III. 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 (Ex. 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 accommodations to safely participate in the program/activity? If yes, please explain or contact us _____.

2020 Grow It Know It Summer Program

Does your child require any assistance with his or her medications? If so, please explain:

Last tetanus shot date: _____

IV. *Authorization for Medical Care*

I understand that my child is voluntarily participating in a University of Georgia program/activity. 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/activity. I acknowledge that my failure to disclose relevant information may result in harm to my child and/or others during this program/activity. I agree to notify the program/activity of any changes in my child's mental, physical, or medical condition before the program/activity begins.

I understand that the University of Georgia 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/activity. In the case of accident or illness, I hereby authorize the program/activity 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/activity, the University of Georgia, and the Board of Regents from any claims, causes of action, damages, and/or liabilities arising out of or resulting 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/activity.

Name of Participant: _____ Today's Date: ____ / ____ / ____

Signature of Parent or Guardian: _____

Parent or Guardian Name: _____

Work Phone: _____ Cell Phone: _____

Authorization to Administer Medication

Program/Activity Name Grow It Know It Summer Program

I. Personal/Medication Information (please print) **Today's Date:** ___ / ___ / ___

Child's Name: _____ **Age:** _____

Food/Drug Allergies: _____

Parent/Guardian Name: _____

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____

Name of Licensed Prescriber: _____

Phone Number: _____

Medication: _____

Dosage: _____

Instructions (route, frequency, duration, take with food, etc.): _____

Quantity Received: _____

Special Storage Instructions: _____

II. Authorization for Medical Care

I hereby authorize the program/activity staff to administer my child the above-listed medication. I understand that medication, whether over-the-counter or prescription, should be kept in original containers. Prescription medication containers should bear the pharmacy label, date of filling, pharmacy name and address, patient name, name of prescribing practitioner, name of prescribed medication, directions for use and cautionary statements, as originally appeared on the container. When no longer needed, medications shall be returned to a parent or guardian whenever possible. If the medication cannot be returned, it shall be destroyed.

By signing this form, I hereby acknowledge that all information is accurate and current, that all pertinent and important medication information is listed on this form, and to the best of my knowledge, my child is capable of participating safely in the program/activity. I acknowledge that my failure to disclose relevant information may result in harm to my child and/or others during this program/activity. I agree to notify the program/activity of any changes in the above information in a timely and reasonable manner.

I hold harmless and agree to indemnify the program/activity and the University of Georgia, as well as the Board of Regents, from any claims, causes of action, damages, and/or liabilities arising out of or resulting from said medical treatment.

Signature of Parent or Guardian: _____

Parent or Guardian Name: _____