



C.H.E.F. CAMP

CREATING HEALTHY AND ENJOYABLE FOODS

JULY 17-19, 2018

9am - 3pm

FAMILY DEVELOPMENT & QUALITY CHILDCARE CENTER COMPLEX

1101 CARVER DRIVE • FORT VALLEY, GA 31030

CAMP IS FOR AGES 8-13 YEARS OLD

What will participants learn?

- 🌀 Healthy eating and physical activity principles
- 🌀 Food preparation strategies
- 🌀 Kitchen and food safety techniques
- 🌀 International Foods

To ensure the safety of our participants, only 16 youths will be accepted. Lunch will be provided. Registration is required by Wednesday, July 11, 2018.

Drop-off time is 8:30 a.m. Aftercare is available from 3-5 p.m.

The registration fee is \$20. The fee covers all materials, food, and cooking attire needed for the camp.

FOR MORE INFORMATION CONTACT:

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C.H.E.F. CAMP APPLICATION

Camp Participant's Name: _____
FIRST MIDDLE LAST

Address: _____

City: _____ Zip Code: _____

Parent's or Guardian's Name: _____
FIRST MIDDLE LAST

Home #: _____ Work #: _____ Cell #: _____ E-mail: _____

CAMP PARTICIPANT'S PERSONAL INFORMATION

Gender:

- Male
 Female

Age: _____

Race (Used for reporting purposes only): _____

Grade Entering Fall 2019: _____

County: _____ School: _____

Does your child have any allergies, food allergies and/or medical problem(s) that may require special precaution or limit activity?:

- Yes
 No

if yes, explain: _____

Are there any mental health or behavior concerns, or related issues, that camp leadership needs to know about? _____

CONSENT STATEMENT

(please sign and date)

I, _____, the parent/guardian of _____ hereby give my consent and approval for him/her to participate in this 4-H Camp.

Signature: _____ Date: _____

Fort Valley State University
YOUTH PROGRAMS FOR MINORS
MEDIA, PHOTO, & VIDEO RELEASE FORM

Please read the following release carefully and initial one:

_____ **Yes, I give permission** for my child's name, likeness, image, or voice to be used in photographic, video, digital, or other recording forms. I give my permission for the program to use those recordings or works produced by my child (e.g., artwork) for promotional, commercial, information, and educational purposes in any and all media (including the internet) now existing or hereafter devised, for any purpose whatsoever, as deemed appropriate by (the institution) . This consent includes the unrestricted right and permission to copyright and use, reuse, publish, republish, edit, alter, exhibit and/or distribute any images of my child or in which my child may be included intact or in part, composite or distorted in character or form, without restriction as to changes or transformations. I understand that the image may be readily accessible by the general public. I further acknowledge and agree that (the institution) and the Board of Regents of the University System of Georgia, its members, officers, agents, and employees shall not be responsible for any use of the image by any third party accessing the image through the internet or any other manner. I understand that I will not have an opportunity to review or approve uses of the recordings or works, and I hereby waive any right to inspect or approve the same. I understand that neither my child nor I will receive payment or any other compensation for the taking or use of any recordings or works created as a result of my child's participation in the program. To the extent the image or media of my child is an educational record and may contain personally identifiable information about my child as defined by the Family Educational Rights and Privacy Act of 1974 ("FERPA"), I hereby consent to the release of the image or media. I understand that I have the right not to consent to my child being videotaped, photographed, or recorded during the program, and the right not to consent to the release or use of the image or media and any personally identifiable information about my child contained in the media, and that this

consent shall remain in effect until revoked by me in writing and delivered to (the institution) , though any such revocation shall not affect disclosures previously made prior to its receipt. I further release, discharge, indemnify, and hold harmless (the institution) and the Board of Regents, its members, officers, agents, and employees, from and against all liability, actions, debts, claims, demands, rights, injuries, damages, or causes of action of every kind whatsoever, arising from and by reason of any known or unknown, foreseen or unforeseen, relating to the taking or use of the recordings or works of my child, including, without limitation, any and all claims for invasion of privacy, rights of publicity, libel, and slander. I understand that the acceptance of this release and waiver of liability by (the institution) and the Board of Regents of the University System of Georgia shall not constitute a waiver, in whole or in part, of sovereign immunity by the Board, its members, officers, agents, and employees. This authorization and release shall inure to the benefit of the heirs, legal representatives, licensees, and assigns of (the institution), and the Board of Regents. If any provision of this Media, Photo, and Video Release shall be held invalid or unenforceable, such provision will be deemed severable without affecting the validity or enforceability of the remaining provisions.

_____ **No, I do not grant permission** for my child’s name, likeness, image, or voice to be used in any form, unless necessary for the administration of the program while my child is participating.

I hereby certify that I am over 18 years of age, suffering under no legal disabilities, that I have read the above carefully before signing, and fully understand its contents. This release shall be binding upon me, my heirs, legal representatives, and assigns.

signature of parent/guardian

(print) name and age of child

date

**Fort Valley State University
PROGRAMS SERVING MINORS
PICK UP AUTHORIZATION**

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

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

Parent/Guardian Names: _____

Home Phone: _____ **Cell Phone(s):** _____

Work Phone(s): _____

II. 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 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 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 (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 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.

III. 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 activities.

Signature of Parent or Guardian: _____

Parent or Guardian Name*: _____

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

**Fort Valley State University
Minors Programs and Camps
Independent Contractor Insurance Requirements**

CONTRACTOR'S INSURANCE

The contractor shall, at its own expense, procure and maintain, without interruption during the entire term of this contract, insurance of the kinds and limits listed hereunder and shall furnish proof of same to Fort valley State University.

Employer's Liability Insurance shall be written with minimum limits of:

1. Bodily Injury by Accident - \$1,000,000 each occurrence
2. Bodily Injury by Disease - \$1,000,000 each occurrence

I. General Liability Insurance

Commercial General Liability Insurance shall be written on an occurrence form and shall provide at minimum the following limits:

1. Each Occurrence \$1,000,000
2. General Aggregate (Per Project) \$1,000,000

- **The policy must provide coverage for Sexual Misconduct/Abuse/Molestation**

II. Automobile Liability Insurance

Commercial Motor Vehicle Liability Insurance shall be written to include coverage for bodily injury and property damage arising from ownership, maintenance or use of any and all owned, non-owned, leased, and hired motor vehicles.

Minimum limit \$1,000,000 Combined Single Limit.

III. POLICY PROVIDERS

All insurance coverage shall be issued by an insurer licensed as an admitted insurer or authorized by the State of Georgia.

IV. IMPAIRMENT OF LIABILITY

In the event the required insurance program were to have any pending claim(s), which may limit or exhaust any aggregate limits by more than 20%, Contractor shall notify the university within thirty (30) days of becoming aware of such pending claim (s).

V. DUTY TO PROVIDE COPIES OF INSURANCE POLICIES

Fort Valley State University
Youth Program/Camp Informed Consent, Voluntary Waiver, Release of
Liability & Assumption of Risks Form

PROGRAM/CAMP INFORMATION:

Program/Camp Name: _____

Date(s): _____ **Time(s):** _____

Location: _____

PARTICIPANT INFORMATION:

Name of Participant: _____

Gender: _____

Date of Birth: _____ **Phone Number:** _____

Address: City: State: Zip:

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING DOCUMENT. THIS FULLY SIGNED FORM MUST BE SUBMITTED BY A PARENT OR LEGAL GUARDIAN BEFORE ANY CHILD IS ALLOWED TO PARTICIPATE IN THE ABOVE REFERENCED PROGRAM/CAMP.

I, the undersigned, wish for my Child (hereafter "Child") to participate in the above referenced youth program (hereafter "Program") on the date(s) and location(s) indicated above and, in consideration for my Child's participation, I hereby agree as follows:

I acknowledge, understand and appreciate that as part of my Child's participation in the Program there are dangers, hazards and inherent risks to which my Child may be exposed, including the risk of serious physical injury, temporary or permanent disability, and death, as well as economic and property loss. I further realize that participating in the youth program may involve risks and dangers, both known and unknown, and have elected to allow my Child to participate in the Program. Therefore I, on behalf of my Child, voluntarily accept and assume all risk of injury, loss of life or damage to property arising out of training, preparing, participating and traveling to or from the Program.

I, on behalf of my Child, hereby release the Board of Regents of the University System of Georgia, Fort Valley State University, its Administration, Faculty, Staff, Student Leaders, the Program Staff, and all other officers, directors, employees, volunteers and agents (hereafter "FVSU") from any and all liability as to any right of action that may accrue to my heirs or representatives for any injury to my Child or loss that my Child may suffer while training, preparing, participating and/or traveling to or from the Camp. This agreement is binding on my heirs and assigns.

I, on behalf of my Child, furthermore release, indemnify and hold harmless FVSU from and against any and all liability, actions, debts, claims and demands of every kind whatsoever, specifically including, but not limited to, any claim for negligence or negligent acts or omissions and any present or future claim, loss or liability for injury to

person or property that my Child may suffer, for which my Child may be liable to any other person, that may or does arise out of my Child's participation in the Program. I understand that FVSU accepts no responsibility for my Child's personal property.

In the event of an accident or serious illness, I hereby authorize representatives of FVSU to obtain medical treatment for my Child on my behalf. I hereby hold harmless and agree to indemnify FVSU from any claims, causes of action, damages and/or liabilities, arising out of or resulting from said medical treatment. I further agree to accept full responsibility for any and all expenses, including medical expenses that may derive from any injuries to my Child that may occur during his/her participation in the Program.

This RELEASE shall be governed by and construed under the laws of Georgia. I agree that any legal action or proceeding relating to this RELEASE, or arising out of any injury, death, damage or loss as a result of my Child's participation in any part of the Program, shall be brought only in the courts of the State of Georgia.

This RELEASE contains the entire agreement between the parties to this agreement and the terms of this RELEASE are contractual and not a mere recital. The information I have provided is disclosed accurately and truthfully. I have been given sufficient opportunity to read this document and I understand and agree to all of its terms and conditions. I understand that I am giving up substantial rights (including my right to sue), and acknowledge that I am signing this document freely and voluntarily, and intend by my signature to provide a complete and unconditional release of all liability to the greatest extent allowed by law. My signature on this document is intended to bind not only myself and my Child but also the successors, heirs, representatives, administrators, and assigns of myself and my Child.

Participant's Name: _____

Participant's Signature: _____

Date: _____

Parent/Guardian's Name: _____

Signature Parent/Guardian's Signature: _____

date

A PARENT OR GUARDIAN MUST SIGN THIS FORM FOR A MINOR UNDER THE AGE OF 18

Fort Valley State University
Youth Program/Camp Medical Information and Release Form

PROGRAM/CAMP INFORMATION:

Program/Camp Name: _____

Date(s): _____ **Time(s):** _____

Location: _____

PARTICIPANT INFORMATION:

Name of Participant: _____

Gender: _____

Date of Birth: _____ **Phone Number:** _____

Address: City: State: Zip:

As a minor, parent or guardian I understand that the information requested on this form is intended to help inform program staff of any pre-existing medical conditions. If Participant has a pre-existing medical condition, participation in any strenuous activities or recreational time may not be recommended. ***This information will be kept in strict confidence and will only be shared with your permission.*** Fort Valley State University requests the information below so that, in case of emergency, we will have accurate information so that we can provide and/or seek appropriate treatment for Participant. You are accountable for providing an accurate medical history. **Final determination about whether to participate is the responsibility of you and your physician.** If Participant has any medical issue that is not requested below, but which you think is important, please include that information. It is recommended that you consult with a physician prior to participating in this Program. If you are uncertain about any preexisting medical conditions, it is your responsibility to consult with your own physician prior to participating in this Program. Please answer all of the questions. If you answer yes to any of the following questions, please explain as indicated. Use back and/or additional paper if needed.

I understand that Fort Valley State University does not offer any form of insurance for participant while participating in Program.

PART 1. GENERAL INFORMATION

Parent/Legal Guardian's Name (if applicable) _____

Street Address City State Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Please list two emergency contacts other than Parent/Legal Guardian:

Emergency Contact #1: _____

Name	Relation	
_____	_____	_____
Home Phone #	Work Phone #	Cell Phone #
_____	_____	_____

Emergency Contact #2: _____

Name	Relation	
_____	_____	_____
Home Phone #	Work Phone #	Cell Phone #
_____	_____	_____

PART 2. MEDICAL INFORMATION

It is recommended that Participant consult with your physician prior to participating in this Program. If you are uncertain about any preexisting medical conditions, *it is your responsibility to consult with your own physician* prior to participating in this Program. Please answer all of the questions. If you answer yes to any of the following questions, please explain as indicated. Use back and/or additional paper if needed.

Physician's Name: _____ Phone Number: _____

Date of most recent tetanus toxoid immunization: _____

Do you have health/accident insurance? (circle one): YES NO

If yes, please indicate policy number, name and address of insurance company.

Company Name / Address Policy #: _____

PLEASE ENCLOSE A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD WITH THIS FORM

For the following, circle appropriate response and explain as appropriate:

A. Does participant have any limiting medical conditions that you or your doctor feel would limit camp participation? YES NO If yes, identify and explain: _____

B. Is participant currently taking medication that may interfere with ability to safely participate in Program? YES NO If yes, please indicate the medication and the condition being treated: _____

C. Does participant have a history of allergies or reactions to medications, insect stings, or plants? YES NO If yes, please explain: _____

D. Does participant have a history of, or currently suffer from, medical condition(s) with which we need to be aware? YES NO If yes, please explain: _____

PART 3: AUTHORIZATION FOR MEDICAL CARE:

Unless prior arrangements have been made, medical needs will be handled through the Peach County Regional Medical Center. In cases where medical attention is necessary, parents will be contacted for approval when possible. However, before medical treatment can be provided, we are required to have a medical release signed by the parent/guardian. The hospital will not perform services unless this form is presented at the time of treatment.

Participant has my permission to receive medical attention in the event of illness or medical emergency while participating in this Program. I will assume the financial responsibility for any cost of health care for my child that may occur during this Program.

As a participant, parent, or guardian I understand and acknowledge that my failure to disclose relevant information may result in harm to Participant and/or others during this Program. By signing my name I represent and warrant that I have provided all materials and important information to Fort Valley State University pertaining to my Participant's medical, mental and physical condition and that it is accurate and complete. I agree to notify Fort Valley State University of any changes in my mental, physical or medical condition prior Participant's scheduled Program.

By revealing or disclosing the above medical information it will not be used by Fort Valley State University personnel or employees to determine Participant's ability to participate safely in activities. I understand that, if Participant chooses to participate in activities, he/she do so voluntarily and of his/her own accord and the final decision regarding participation is solely the responsibility of myself and Participant.

Participant's Name: _____

Participant's Signature: _____ **Date:** _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ **date**

A PARENT OR GUARDIAN MUST SIGN THIS FORM FOR A MINOR UNDER THE AGE OF 18