

APPLICATION # _____

COUNTY _____

Application**2009 South Carolina Institute for Natural Resource Conservation**

Lander University – June 8- June 12

Participant name: _____

Last First MI Preferred Name

Mailing address: _____

Street

City State Zip County

Email address: _____

Phone # _____

Emergency contact: _____

Name & relation

emergency phone #

Parent / Guardian: _____

Address if different: _____

Email address: _____

Participant profile

Date of birth: _____ Social Security No: _____

Sex: _____ Current grade level: _____ Graduation date: _____

T-shirt size (circle) S M L XL XXL

Current High School: _____

High School Address: _____

Street

City/State

Zip

Guidance Counselor: _____

Name

Phone/Email

Accomplishments _____

and extracurricular _____

activities _____

Interest in conservation and natural resources: _____

Please answer the following questions in addition to those on the medical forms. Your response will NOT affect your acceptance. This information is needed to insure that we can plan adequately for your health and safety.

Allergies: please list _____

Physical limitations _____

Diet restrictions _____

Special Groups and Campers Medical Form

(required for acceptance)

Group name: South Carolina Institute for Natural Resource Conservation

Participant's name: _____ Male Female (circle one)

Address (if different): _____ SSN _____

_____ Date of Birth _____

Full name of parents or guardians: _____

Home phone: _____ Work phone: _____

Cellular phone: _____ (name of phone user) _____

Name of person to be reached at the work number _____

If the persons above cannot be reached, name of emergency contact and relationship

Phone number: _____

Name of family health insurance company _____

Name of primary policy holder _____

Policy Number _____

By my signature I give permission for the staff or campus health provider to administer the following over the counter medications: (please list all) _____

I specifically forbid the administration of the following over the counter medications (list)

Signed (parent or guardian) _____ Date _____

Printed name of parent or guardian _____

MEDICAL HISTORY

List all medications participant currently takes: _____

List all medical conditions currently under treatment: _____

Has participant lost a paired organ such as an eye or kidney? If yes, explain, _____

Is participant allergic to any medications? If yes, list: _____

Date of last Tetanus immunization (if known): _____

The South Carolina Institute for Natural Resource Conservation has made arrangements at the campus health center for treatment of minor injuries or illnesses which may occur while your son or daughter is participating in the program. The paragraph which follows specifically addresses your consent for treatment. There is a limited insurance policy covering all participants during the program. Your signature below indicates that you recognize that the South Carolina Institute for Natural Resource Conservation, through the aforementioned health center, limited insurance, or otherwise, will not be responsible for pre-existing conditions. Your signature further indicates that you have provided all pertinent information to the medical questions to insure the proper treatment of your child should the need arise.

The law requires that parental consent be obtained for medical treatment of minors. Your signature below indicates your consent for such procedures as are deemed necessary by medical personnel so that no unnecessary delays occur and so that prompt treatment may be rendered. No operative procedure, except in an emergency, will be performed without direct contact with you or your designated representative. I hereby give permission for such diagnostic, therapeutic, or emergency operative procedures as may be deemed necessary for my son or daughter. I further authorize the release of any medical information required to process insurance claims requests or supplies for services required. I understand that I am financially responsible for any and all charges incurred which are not covered by the Institute's agreement with campus health providers or the limited insurance policy.

Signed: (parent or guardian) _____ Relationship _____ Date _____

Please note, the signatures below are required for acceptance to the 2009 South Carolina Institute for Natural Resource Conservation.

The SCINRC will provide 24 hour supervision of all participants for the duration of the event beginning after registration on Monday and until dismissal on Friday. At no time will a participant be allowed to leave the group unattended for any reason.

I / We, the undersigned, agree to comply with the rules and guidelines of the South Carolina Institute for Natural Resource Conservation (SCINRC). I / We fully recognize the authority of the Director to dismiss any participant for health, safety, or disciplinary reasons. I / We recognize that violations of the law related to drugs or alcohol will be dealt with through local law enforcement. Please note that the SCINRC is being conducted on state owned educational facilities and that weapons of any sort are strictly prohibited.

The participant whose signature appears below has permission to participate fully in all activities of the SCINRC, including swimming and the use of recreational facilities as provided through the program.

Limitations are listed in the medical and profile sections of the application form.

I / We fully absolve the SCINRC, its sponsors, staff, and Lander University of any liability in connection with the medical treatment, including hospitalization, for the participant whose signature appears below.

In the event that a participant is required to (or voluntarily wishes to) leave the program prior to the end of the event, the following persons are permitted to pick up the participant. Please note that the participant will NOT be released to a person not listed in this form.

Name(s): _____

Signature of Participant: _____ Date: _____

Signature of Parent or Guardian: _____

Please note that the following information must be completed and signed by the sponsoring Conservation District before the participant named herein can be processed and accepted.

Review of application information to insure that complete and accurate information is provided has been done by (Name of staff) _____ Date _____ Signatures of parents or guardians and of the participant are required in several places. Information such as Social Security Numbers (SSN) are also required.

Payment accompanies this application in the amount of \$ _____. Check No. _____

The applicant named herein was approved by the _____ Conservation District

Signature of District staff processing this application _____

Signature of Program Coordinator reviewing this application _____

Signature of Conservation District Chairman _____

Printed name of Commissioner _____ Date signed _____

FOR SCINRC STAFF

Received by the SCINRC Staff on _____ by _____

Comments/Special Instructions/Information _____

