



Natural Resources Conservation Workshop Application

Year _____

1. STUDENT INFORMATION (Please print or type, use black or blue ink)

Student Name _____ Age _____ Gender _____ Race _____

Mailing Address _____ City _____ State _____ Zip _____

Grade _____ High School _____ Date of Birth _____

Email Address _____ County of Residence _____
Sponsoring County (if different) _____

I certify that I will be entering the 10th, 11th, or 12th grade at the beginning of the 2009-2010 school year. I have never attended a Natural Resources Conservation Workshop. I understand this is a workshop, and I will participate in all activities; show respect for property and facilities used; assume financial responsibility for any damage caused by me. I understand failure to follow the rules of conduct will result in my being sent home immediately. I UNDERSTAND THAT THE RULES OF CONDUCT PROHIBIT ANY USE OF TOBACCO PRODUCTS, ALCOHOL, OR DRUGS NOT PRESCRIBED BY DOCTOR AND THIS WILL BE STRICTLY ENFORCED.

Student's Signature _____

2. TO BE FILLED OUT BY PARENT/LEGAL GUARDIAN (Please print or type, use black or blue ink)

Parent or Guardian Name _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone (include area code) _____ Work Phone _____

Cell Phone _____ Email Address _____

Media Release:

I understand photographers and/or television crews will sometimes be present during classes, rehearsals, or performances of this workshop. I give permission for any resulting photographs or video, which may include my child, to be used by NRCW for any promotional purposes on the website, television, or in newspapers, magazines or any other media deemed appropriate.

Yes ____ No ____

Parent/Guardian _____ Relationship _____ Date _____

Completed applications must be received by **May 15th**. Pages 1 and 2 must be completely filled out with payment for the application to be processed. Applications are accepted on a first-come, first-served basis. Full refunds will be made if application is cancelled on or before **May 15th**. **No refunds after May 15th**. For additional information, contact Workshop headquarters at (229) 391-5072 or nrcw@abac.edu or www.abac.edu/psbo/nrcw

Natural Resources Conservation Workshop

To complete this form,
Soil and Water Conservation District and Natural Resources Conservation Service information
may be found at
www.abac.edu/psbo/nrcw

SPONSORSHIP

(To be completed by Agency and Supervisor)

COUNTY OF SPONSORSHIP _____

SOIL AND WATER CONSERVATION DISTRICT _____

SPONSOR _____

Sponsor Mailing Address _____

City _____ State _____ Zip _____

The following named Student: _____

is recommended to attend the Natural Resources Conservation Workshop.

**BOTH
District and
NRCS
SIGNATURES
Are
REQUIRED**

Signature of Soil & Water Conservation District Supervisor Date

Signature of NRCS Representative Date

Mail application with a check for \$150.00 to:

NRCW
ABAC 44
2802 Moore Highway
Tifton, GA 31793-260





**RETURN THIS PAGE WITH YOUR APPLICATION.
ANSWER ALL INFORMATION COMPLETELY BEFORE SUBMITTING APPLICATION.
IF NO RESPONSE, INDICATE WITH [N/A]. Phone numbers are required.**

Fee and Required Medical Information Form must accompany application.

Required Medical Information

Please print clearly. This information will be kept on file in the Natural Resources Conservation Workshop Headquarters.

Name _____ Date of Birth _____

Basic information is needed in an emergency so proper medical attention may be given during the workshop. Please provide the information below and submit any other information you feel is applicable. Include a copy of your health insurance card, if available.

- (1) Drug Allergies _____
- (2) Other Allergies _____
- (3) Is there a history of heart disease, diabetes, epilepsy, rheumatic fever, asthma, or other serious conditions? _____
Please list condition(s) and note any special conditions. _____
- (4) Are there any physical restrictions? _____
Please describe _____
- (5) Date of last tetanus immunization _____
- (6) Are you taking any medications (non-prescription) at the present time? _____
If yes, please list type of medications. _____
- (7) Name of Family Physician _____ Phone _____
- (8) Names of persons (other than a parent or guardian) that may be contacted in case of an emergency (print or type):
 - 1. Name _____ Phone _____
 - 2. Name _____ Phone _____

PARENTAL/LEGAL GUARDIAN CONSENT AND RELEASE FROM LIABILITY

I/We, the undersigned parent(s)/legal guardian(s) of the above identified minor, do hereby consent to his/her participation in the workshop named above and do forever release, acquit, discharge, and agree not to sue Natural Resources Conservation Workshop staff and sponsors, its members individually, and its officers, agents and employees from all claims, demands, rights, and causes of action of whatever kind or nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property and the consequences thereof, resulting from participation in and in any connection with such workshop.

In the event that my child becomes ill or sustains injury while in the care of the Natural Resources Conservation Workshop staff, I give permission to administer first aid to him/her. I also give permission to admit my child to any hospital for such treatment as deemed necessary.

Signed _____ Date _____ Relationship _____

THIS BLANK MUST BE COMPLETED:

My transportation will be by _____

Example: Bus, parents, personal car, etc. **(personal cars cannot be used after parking and keys must be turned in to workshop advisors for security and safety.)**

Keep this page as your Bus Boarding Pass!

This page is not needed if you are not riding a district bus.

Contact your Local Soil and Water Conservation District directly for information on buses, boarding locations and travel times.



Natural Resources Conservation Workshop Bus Transportation--Medical Information Sheet

Current medical information is needed in case of an emergency during bus transportation. Please complete the blanks below and submit other information you feel is applicable.

Participant's Name _____ Date of Birth _____ Grade _____ Gender _____ Race _____

Home Address: Street or P. O. Box _____ City _____ State _____ Zip _____

Phone: Evening _____ Daytime _____ Other Phone _____

Drug Allergies _____ Other Allergies _____

Date of Last Tetanus Immunization _____ Date of physical examination _____

Any of the following conditions exist:

Heart Conditions _____, Diabetes _____, Epilepsy _____, Rheumatic Fever _____, Other _____

Are there any physical restrictions? _____ If yes, describe: _____

Are you taking any medications at the present time? Yes _____ No _____ List: _____

Name of Family Physician: _____ Phone: _____

In the event that my child becomes ill or sustains injury while in route to or from the Natural Resources Conservation Workshop, I give permission to administer first aid to him/her. I also give permission to admit my child to any hospital for such treatment as deemed necessary.

Signature-Parent/Legal Guardian _____ Date _____

NAME OF TWO PERSONS OTHER THAN PARENTS/LEGAL GUARDIAN THAT MAY BE CONTACTED IN CASE OF EMERGENCY.

Name _____ Phone:() _____

Name _____ Phone:() _____

**◆ Give this page to your bus driver before boarding
if riding a district-sponsored bus ◆**

