

2017

OPEN
ENROLLMENT

RESTORATIONS



Open Enrollment Student Registration

FAUTM

PINE JOG ENVIRONMENTAL
EDUCATION CENTER

College of Education
Florida Atlantic University

OPEN ENROLLMENT RESTORATIONS Participant Registration Form

STUDENT			
Legal Name		Home Address	
Gender (M/F)			
Student Email		Student Cell #	
Date of Birth		SS #	
High School			

PARENT/ GUARDIAN INFORMATION			
Parent/Guardian(1)		Email Address	
Phone #			
Parent/Guardian(2)		Email Address	
Phone #			

EMERGENCY CONTACT			
Name		Daytime Phone #	
Relationship		Evening Phone #	
E-mail Address		Cell Phone #	

ALLERGIES		
Allergy List Below	Reaction	Medication Required

MEDICATION			
Medications	Dose	Taken For	Current Side Effects

DIETARY RESTRICTIONS									
Vegan		Vegetarian		Gluten Free		Kosher		Other	<small>PLEASE DESCRIBE</small>

CONDITIONS	YES	NO
Has your child experienced an asthma attack at any time in their life?		
Has your child ever been diagnosed with type I or type II diabetes?		
Has your child ever visited a medical professional for a serious allergic reaction, or have you ever been given a shot of epinephrine for an allergy or anaphylaxis?		
Has your child ever received medical treatment for angina, a heart attack, any type of heart disorder/disease, or high blood pressure?		
Has your child ever seen a medical professional following a seizure, or are you currently being treated for any type of seizure disorder?		
Has your child had broken bones or joint injuries that cause recurring problems?		
Has your child been diagnosed with any other medical condition that FAU staff should be aware of?		
If you checked "YES" to any question above, please provide additional information in this space:		
FAU Pine Jog reserves the right to require evaluation and release from a qualified physician prior to your participation in any activities.		

Information provided on this form will only be shared with necessary staff, including but not limited to FAU Pine Jog staff, and by signing below you are authorizing disclosure of the information provided to necessary staff prior to your participation. Failure to disclose information or providing inaccurate medical information could result in serious harm to you.

By signing this document I hereby give permission for FAU Pine Jog to provide this form to necessary FAU staff, as well as any professional medical provider or emergency response personnel in the event of an accident/injury. In the event of an emergency, I hereby give consent for my child to receive any necessary treatment as determined by a qualified medical professional or emergency first responder for all emergency anesthesia, operation, hospitalization or other treatment that may be, in the judgment of the health care provider, necessary, including any related transportation to a medical facility or provider. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes and agree to pay all cost associated with such medical services and required transportation. I certify that my child's medical record is complete and accurate to the best of my knowledge and that I have made no attempt to conceal information.

Participant' Signature

Date

Parent/Guardian Signature

Date

PICK UP RELEASE AUTHORIZATION

I give permission for the following people to drop off or pick up my child in case of emergency and I understand that I/they may be asked to show verification. _____ (Initial)

List names and phone numbers of people including parent(s) permitted to drop off pick-up child:

PERMISSION TO ADMINISTER NON-PRESCRIPTION MEDICATION

Do not send over-the-counter medications unless your child has allergies to some medications or uses specific brands. Only bring vitamins, if they are absolutely necessary. **They must be in the original container.** Please provide all medications (prescriptions and vitamins) to the designated representative the drop off day of the institute who will be responsible for the distribution at the appropriate times each day.

By initialing below you are giving permission for first-aid certified staff and/or the designated medical staff to administer first-aid as well as simple over-the-counter medications for insect bites, stings, headaches, stomachaches, etc., as needed.

Initial

_____ The institute may administer any over-the-counter medication as deemed necessary by the FAU first aid certified staff

OR

_____ The following over-the counter medications can be administered to my child:

_____ My child has no medication allergies I am aware of

_____ My child is allergic to the following medications:

_____ If my child forgets or loses his/her sunscreen or bug spray, the camp has my permission to apply any sunscreen or bug spray deemed necessary.

I give permission for first-aid staff and the designated medical support at the FAU Pine Jog Institute to administer the above mentioned over-the-counter medications to my child. I will not hold FAU Pine Jog Environmental Education Center or Florida Atlantic University responsible in the event of a reaction to the medication administered as per my direction.

Parent/Guardian Signature (Signature verifies all initialed above)

Date

STUDENT CODE OF CONDUCT

FAU Staff committed to providing a safe and enjoyable experience for your child; however, students will be responsible to assist in these efforts. Parents are responsible to make sure their student brings the appropriate clothing and items for their stay. You must review these CODES OF CONDUCT with your student prior to the program.

Behavior

- 1. Students must accept and get along with others. Put-downs, cuts, malicious teasing, practical jokes will not be tolerated from any one.
- 2. Students will be sensitive to others in terms of race, religion, physical characteristics, regional differences and language. Ethnic or religious slurs or jokes will not be used.
- 3. Students must respect others and their property.
- 4. Students will not use foul language.
- 5. Students will follow directions the first time they are given.
- 6. Students are prohibited from bringing weapons, flammables or explosives into the camp. Violation of this policy is grounds for automatic dismissal.
- 7. Use and/or possession of tobacco, alcohol, drugs and/or any other substance defined as a drug or potentially dangerous are grounds for automatic dismissal.

Safety

- 8. Students must wear closed-toe/closed-heel shoes at all times except when participating in a water activity or showering. Water shoes are required for these activities.
- 9. Students must utilize the buddy system when transitioning from location to location.
- 10. Students must pay attention to their surroundings and use care in all activities.
- 11. Students will adhere to all safety rules and regulations given for each activity he/she participates in.

General

- 12. Students are expected to pack and bring only appropriate clothing as set forth on the Supply List. Inappropriate clothing will not be worn.
- 13. We try to create an environment that encourages the formation of strong friendships. Students may not visit rooms of the opposite sex and will refrain from showing any signs of affection for each other during the institute. Friendly hugs and a pat on the back are acceptable.
- 14. Students must inform his/her supervisor if he/she is experiencing a problem with separation, another person or other issue. If we are not informed about a problem, we cannot stop the problem or assist him/her.
- 15. We expect all students to have fun but not at the expense of others. No one should be mistreated by another person while at the institute.
- 16. Students may find that the experience offered is not suited to them. Discussing this in an appropriate manner with staff or administration is better than complaining about their situation with other students.
- 17. Violation of the CODE OF CONDUCT is grounds for automatic dismissal. Refunds are not given when a student is dismissed for cause.

I have read the STUDENT CODE OF CONDUCT. I agree to adhere to all of the above to ensure that my camp experience, as well as that of others in attendance is a positive one. I understand that failure to adhere to these may result in my dismissal from the program.

Student Signature

Date

I understand and certify that my child’s participation in the FAU Pine Jog Institute and its activities is completely voluntary and I have familiarized myself with the program and activities in which my child will be participating. I recognize that certain hazards and dangers are inherent in these events and programs, and I acknowledge that although the institute has taken safety measures to minimize the risk of injury to participants, the FAU Pine Jog Institute cannot insure nor guarantee that the participants, equipment, premises and/or activities will be free of hazards, accidents and/or injuries. I further recognize and have instructed my child in the importance of knowing and abiding by the CODE OF CONDUCT for the safety of all participants.

Signature of Parent or Guardian

Date

RELEASE OF LIABILITY, WAIVER OF CLAIMS, EXPRESS ASSUMPTION OF RISKS, AND HOLD HARMLESS AGREEMENT

In consideration of my child's participation in domestic trips, activities, and related events (hereinafter referred to as the "Institute") as a participant of the Florida Atlantic University's H2O to Go! Program:

I, _____ for myself, and my estate, heirs, administrators, executors, and assigns, hereby release and hold harmless the State of Florida, the Florida Board of Governors, the Florida Atlantic University Board of Trustees, and their respective officers, directors, employees, representatives, agents, and volunteers (collectively, the "Releasees"), from any and all liability and responsibility whatsoever, however caused, for any and all damages, claims, or causes of action that I, my estate, heirs, administrators, executors, or assigns may have for any loss, illness, personal injury, death, or property damage arising out of, connected with, or in any manner pertaining to the Institute, whether caused by my child, my actions or negligence or the actions or negligence of the Releasees or any third parties or otherwise.

I fully understand that there are potential risks and hazards associated with the Institute and its related travel, including, but not limited to, possible injury or loss of life. I understand my child must be healthy and reasonably fit in order to safely participate in the Institute. I further understand that while attending the institute, my child will be visiting locations and interacting with persons that are not associated with or under the control or supervision of the Releasees. Despite the potential risks and hazards associated with the Institute, I wish to proceed, and freely accept and assume all risks and hazards that may arise from my participation in the Institute and that could result in loss, illness, personal injury, death, or property damage, whether caused by the negligence of Releasees or any third parties or otherwise.

I further agree that my child must comply with all applicable laws and ordinances, as well as with all Florida Atlantic University ("University") regulations, rules, policies and procedures. I understand that my child's behavior and conduct must remain consistent with the University Student Code of Conduct and all professional and behavioral standards the program. I understand that any violations of the Student Code of Conduct may subject my child to loss of privileges and/or dismissal from the Institute.

I further hereby agree to defend, indemnify and hold harmless the Releasees from any claim, judgment, settlement, loss, liability, damage, and costs, including court costs and attorney fees at both the trial and appellate levels that Releasees incur as a result of my child's participation in the Institute.

I further agree to give the University the right and permission to record my child's participation and appearance on videotape, audiotape, film, photography or any other medium and to use my child's name, likeness, voice and biographical information in connection with these recordings. The University may exhibit or distribute all or any part of these recordings for any educational or promotional purpose which the University and its employees deem appropriate. All such recordings shall be the University's property and without compensation.

I will assume responsibility for all costs incurred by me on the Institute, including medical care, if needed. I fully release and hold harmless the Releasees from any liability related to such actions. I understand that the Releasees are not providing any health or accident or other insurance to me while on the Institute and that, if desired, must purchase my own health, accident, evacuation and other insurance policies.

I HAVE READ THIS AGREEMENT AND THE STUDENT CODE OF CONDUCT, I UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING THIS AGREEMENT, AND I VOLUNTARILY (AND FOR FULL AND ADEQUATE CONSIDERATION) AGREE TO BE BOUND BY IT.

Dated _____/_____/_____ (MM/DD/YYYY)

Name of Participant _____

Parent/Guardians' Name _____

Address _____

Signature of Parent/Guardian _____

FAU Pine Jog Institute No Insurance Addendum

PLEASE NOTE: If you have insurance and filled out the information above, you do not need to fill out the section below.

I hereby acknowledge that I have voluntarily signed the Release of Liability, Waiver of Claims, Express Assumption of Risks, and Hold Harmless Agreement for my child's participation in the FAU Pine Jog Institute. In executing that Agreement, I understand that Florida Atlantic University does not carry medical insurance that covers students and will not be responsible for the cost of any medical issues that arise for Institute participants.

I understand that Florida Atlantic University highly recommends that I carry medical insurance for my child during his or her participation in the FAU Pine Jog Institute. I assume all responsibility for any related medical expenses incurred.

Signature of Participant

Date

Printed Name

**FAU Diving and Boating Safety Program
Release and Waiver of Liability**

READ THIS DOCUMENT COMPLETELY BEFORE SIGNING.

In consideration of the permission granted to Releasor (named below) by the Florida Atlantic University Board of Trustees (FAU) to participate in certain activities which shall consist, in whole or in part, of diving, both SCUBA and snorkeling, or boating commencing on the date this document is executed, the receipt of which permission is hereby acknowledged, Releasor, for himself/herself and his/her personal representatives, heirs, next of kin, executors, administrators and assigns, hereby forever releases, holds harmless, waives, discharges and covenants not to sue the Florida Atlantic University Board of Trustees the State of Florida, and their respective trustees, officers, agents, employees, and volunteers (hereinafter referred to as "Releasee"), from any and all actions, causes of action, damages, claims, demands or liabilities, either in law or in equity, arising from or by reason of any bodily injury or personal injuries known or unknown, including death, and any property damage, either known or unknown, which may occur as a result of or in connection with Releasor's participation in these activities, whether caused by the negligence of Releasees or otherwise.

Releasor hereby acknowledges that he/she has been fully advised of and has actual knowledge and conscious appreciation of the particular risks and dangers involved in these activities including, but not limited to, those risks and dangers involved in traveling to locations, being around and learning to use scientific equipment, spending periods exposed to the sun and weather, possibly voyaging upon vessels with its concomitant risks of motion sickness and grounding, diving with SCUBA equipment, and all other risks and dangers naturally inherent in boating, diving, snorkeling and swimming activities, and Releasor hereby acknowledges that he/she elects voluntarily to fully assume all such risks and confront all such dangers and to release and hold harmless Releasees as stated above.

Releasor represents that he/she has no health-related problems or conditions which preclude his/her participation in these activities. Releasor further represents that he/she has adequate health insurance, or other financial capability, necessary to provide for and pay any non-employment related medical costs that may directly or indirectly result from his/her participation in these activities. Notwithstanding anything herein to the contrary, with respect to FAU employees, nothing here shall waive or release the Releasor's rights to any workers compensation benefits, as applicable.

Releasor further understands that Releasees may record and/or photograph Releasor with a camera or other photographic, recording or electronic medium and consents to the use, publication or display of any such recordings for any promotional or educational purpose. Releasor waives all claims for compensation, liability or damage relating to any such use.

This document is governed by the laws of the State of Florida. Releasor expressly agrees that this document is intended to be as broad and inclusive as permitted by the law. Releasor hereby represents and warrants that he/she has carefully read this agreement and the FAU Diving and Boating Safety Manual, and agrees to abide by all standards therein. Releasor hereby represents and warrants that he/she is at least 18 years of age.

I HAVE READ THIS AGREEMENT, UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND VOLUNTARILY AGREE TO BE BOUND BY IT.

IF I AM AN FAU EMPLOYEE OR VOLUNTEER ACTING WITHIN THE COURSE AND SCOPE OF MY EMPLOYMENT OR VOLUNTEER RESPONSIBILITIES, MY RIGHTS WILL REMAIN PRESERVED.

Dated this _____ day of _____, 201__.

Name of "Releasor" Releasor's Signature
(I certify that I am 18 years of age or older)

Name of Parent/Legal Guardian Signature of Parent/Legal Guardian