



## 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 10<sup>th</sup>, 11<sup>th</sup>, or 12<sup>th</sup> grade at the beginning of the 2010-2011 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 **June 4<sup>th</sup>**. 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 21<sup>st</sup>**. **No refunds after May 21<sup>st</sup>**. For additional information, contact Workshop headquarters at (229) 391-5072 or [ncrw@abac.edu](mailto:ncrw@abac.edu) or [www.abac.edu/psbo/ncrw](http://www.abac.edu/psbo/ncrw)

## 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](http://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**

Important 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 ◆**

