



Entomology Field Camp Forms

Please complete the following information for pre-registration, medical information, contract and release of liability. Upon receipt of these forms and payment online, an email will be sent with information on how to complete registration through Florida 4-H Online.

Completed forms may be emailed to ufbugs@ifas.ufl.edu or faxed to 352-392-0190.

Please call Dr. Rebecca Baldwin at 352-273-3974 with questions.

Note: These forms must be notarized. If you prefer, forms may be notarized, with your government issued ID, by Glinda Burnett in the UF Entomology and Nematology office at 8:00AM on the first day of camp. Please complete and email the completed forms, then present your ID when you arrive at camp for the notary seal. Phone: (352) 273-3904

Registration Information:

Participant Name:	
Gender:	
Age:	
Birthdate:	
Grade entering:	5, 6, 7, 8, 9, 10
Adult T-shirt Size:	S M L XL
School Name:	
Home Address:	

Parent/Guardian Name(s):	
Phone:	
E-mail:	

Medical Contact Information:

Primary Insurance Company:	
Name of Insured:	
Policy Number:	
Plan or Group Number:	

Primary Emergency Contact:	
Name:	
Phone:	
Relationship to camper:	
Secondary Emergency Contact:	
Name:	
Phone:	
Relationship to camper:	

Who has permission to pick up your child?

Name (s):	
Phone:	
Relationship to camper:	

Camper Medical Conditions

The following section is to include allergies or medical conditions that might require special attention during the UF Entomology Field Camp (PROGRAM). Examples are food, drug or insect allergies, diabetes, chronic illness, recent surgery, fainting spells, etc. It must also include any hospitalizations for any reason, any regularly prescribed medications, and any special or psychological examinations, conditions, or treatments.

Allergies:	
Chronic Conditions (Asthma, etc.):	
Regular Medications:	
Medical History:	
Special Dietary Needs or Food Allergies:	

Note:

Campers will need to pack their own lunches on all days. We will provide bottled water, Gatorade and juices, as well as light snacks of cookies, crackers, and fruit throughout the week.

MEDICAL AUTHORIZATION PARENTAL CONSENT & AUTHORIZATION

We/I understand that our/my son/daughter _____ who is _____ years old and an academic-year student at _____ has been selected to attend the UF Entomology Field Camp (hereinafter "PROGRAM") to be held on the campus of the University of Florida. We/I understand that my/our health insurance, if available, will be the primary coverage for _____ (Child's name) in the

event of accident or illness while attending the PROGRAM. We/I further understand that in the event we/I do not have insurance or have exceeded our coverage limits, our/my son/daughter will be insured by the sponsors/administrators of the PROGRAM for accident and illness occurring during the participant's attendance in the PROGRAM and excluding pre-existing medical conditions. The policy will be arranged through University of Florida and will be in effect for the duration of the PROGRAM. Upon written request, a copy of the policy will be sent to parents or guardians when it is available. This coverage will be effective from 8:00 am until 5:00pm Monday-Friday of the camp, exclusive of time away from the PROGRAM as approved by the Director or the Director's Designee. We/I also authorize the sponsors/administrators of the PROGRAM and authorized representatives of the Insuring Agency to obtain information regarding the medical history, physical condition, and diagnosis of our/my son/daughter as required to document covered accidents/illnesses. A photocopy of this authorization shall be valid as the original. This authorization will be valid for the term of our/my son/daughter's coverage under the policy. We/I, do hereby request that the University of Florida, through its agents or employees, take whatever steps necessary to secure medical treatment for the child named above in the event such child appears to be in need of such treatment while attending the PROGRAM. We/I consent to the rendering of all necessary treatment including admission to a hospital or other appropriate health care facility, in such institutions and at such places as the University, acting through its agents or employees, deems best. I authorize the agents or employees of the University to execute whatever forms might be necessary to ensure complete and adequate care of our/my child. We/I affirm that the above medical information is complete and accurate. We understand that pre-existing health conditions are not covered by the University or the PROGRAM insurance and that such conditions are the financial responsibility of the parent(s) or guardian(s). We/I also understand that the insurance policy cited above does not cover any medical problems known to us/me or that should have been known to us/me and not revealed by us/me to the University or the PROGRAM, and that certain conditions will not be covered under the terms of the insurance policy. If this document is being signed by only one parent, I, the undersigned, affirm that I have been judicially granted sole custody of the participant. If this document is being signed by a guardian(s), I/we, the undersigned, affirm that I/we have been judicially granted legal guardianship of the participant.

Student Participant Signature Date Parent or Guardian Signatures Date

Entomology Field Camp Program Contract and Release of Liability

I/We as Parents or legal guardian(s) _____ (names) of _____ (hereinafter referred to as "participant"), confirm that he or she will be a participant in a week long day camp, to be held at the University of Florida (UF)/IFAS Entomology and Nematology Department, and understand and agree to the following conditions of his or her participation: (1) Entomology Field Camp is a one-week day program and the participant will attend for the full duration of the program; (2) It is understood that the parent(s) or guardian(s) are responsible for: a) medical treatment and medications for pre-

existing conditions; medical treatment and medications not covered by the UF insurance policy carrier (American Income Life Insurance Special Activities Coverage). b) any other costs incurred by the participant which are not the specific responsibility of the program which have been included in the camp registration fee (food, t-shirt, lab activities and supplies, social activities). (3) It is understood that, if necessary, the participant may decline the invitation to attend by submitting a written statement by 5:00 PM, one month prior to the start of camp. If the participant must decline, notice given prior to the end of May will be eligible for a refund. Notice within one month of camp will not result in a refund. (4) Participant and parent(s) or guardian(s) understand that if discipline problems arise then the student may be suspended from the Entomology Field Camp. All disciplinary actions are the decision of the Program Director or the Director's Designee and will be determined after consultation with the student. (5) Participant and parent(s) or guardian(s) hereby consent that all photographs, videotaped images, voice recordings and/or written extraction, taken during Entomology Field Camp held by the University of Florida/IFAS, may be used by UF/IFAS and/or others with the permission of UF/IFAS for any legal purpose including illustration, advertising, or publication in any manner. (6) Participant's parent(s) or guardian(s) hereby consent that participant may be transported in a registered University of Florida state vehicle along with the rest of the group on any field trip or outing associated with camp program. We/I, as parent(s) and/or guardian(s) of the participant, personally and on behalf of the participant, in consideration of the benefits to be derived from participating in Entomology Field Camp, RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the University of Florida Board of Trustees, the Board of Governors of the State of Florida, the State Board of Education of the State of Florida, the Department of Education of the State of Florida, the State of Florida, and their officers, directors, servants, agents or employees collectively, the releases from any and all liability, claims, demands, actions, and causes of action, as well as attorneys' fees and court costs, arising out of or relating to any loss, damage or injury, including death, that may be sustained or incurred by the participant, or to any property belonging to the participant during and/or as a result of the participation of the participant in Entomology Field Camp, including all travel to and from Gainesville, Florida, immediately prior to, during and immediately following the program, whether caused by the negligence of the releases or otherwise. We/I do assume all the risks and hazards incidental to the conduct of program activities. We/I do further hereby release, absolve, indemnify and hold harmless the organizers and supervisors, any and all of them, in case of accidental injury to the above named. We/I do hereby waive all claims against the organizers, or any and all supervisors employed by them.

Signature of Parents or Guardian

NOTE: This form is to be completed and signed by BOTH parents or guardians or by the one parent or guardian who is legally designated as having sole custody.

ENTOMOLOGY FIELD CAMP

Before me, the undersigned, duly authorized to administer oaths and take acknowledgments, personally appeared all of the above persons who, having fully sworn, on oath depose and say that they have read and understand the foregoing. If this document is being signed by only one parent or guardian, acknowledgment was made to me that this parent or guardian is legally designated as possessing sole custody of the participant.

Sworn to and subscribed before me this day of , _____ 20____ at _____ in
_____ County, State of _____

___ Personally known to me or ___ Produced Identification;

_____ Type of Identification

_____ Notary Public Signature (SEAL)

Commission Expiration Date: _____

UF Entomology Field Camp
Attn: Ms. Glinda Burnett
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PO Box 110620
Steinmetz Hall
Gainesville, FL 32611
Phone: (352) 273-3904

