

City of Augusta's



Camp Data is a community outreach program developed by the City of Augusta's Information Technology Department.

**Camp Hours
8:30am – 2:30pm**

Drop-off begins at 8:00am

Camp 1 (ages 6-8)	June 11 - 15
Camp 2 (ages 9-11)	June 18 - 22
Camp 3 (ages 6-8)	June 25 - 29
Camp 4 (ages 9-11)	July 9 - 13
Camp 5 (ages 6-8)	July 16 - 20
Camp 6 (ages 9-11)	July 23 - 27

Currently in its fifth year, the camp will teach basic computer techniques, including hardware such as PCs, monitors, mouse, keyboard, and printer fundamentals. The program will introduce participants to basic software applications such as Microsoft Windows 7 and Microsoft Publisher 2010.

- There is no fee for **Camp Data**.
- Lunch will be provided for the participants at no cost.
- Must be a Richmond County Resident or City of Augusta Employee.
- Each child is limited to only one session.
- Space is limited to 18 students per session.
- Transportation to and from fieldtrips will be provided. It is the parent's/guardian's responsibility to ensure that your child is transported to and from camp each day.

Registration Forms:

Forms must be submitted by April 30, 2012
Applications will not be accepted after the deadline.

Acceptance is on a first come first serve basis!

Send a fully completed form along with a copy of the birth certificate for each child to:

Information Technology Department
530 Greene St. A-101 Augusta, GA 30901
Phone: 706-821-2522

Guidelines:

- There will always be at least two adults in the lab at all times. At no time will there be one adult alone with a child.
- A participant cannot leave Camp Data without the child's parent or designated guardian.
- No fighting or horseplay allowed at anytime.
- No throwing of anything.
- No lying, stealing, or profanity.
- Respect for Camp Data members and staff will be displayed at all times.
- The following items will not be allowed at Camp Data:
 - Personal video gaming units and any games for the computer systems.
 - Walkman, Discman, or iPods.
 - Trading or playing cards.
 - Guns, knives, or weapons of any sort either fake or real.
- Cell phones will be allowed but must be turned off during Camp Data.

Camp Data Registration Form

(Please rank camp sessions from 1-3 according to attendance preference for this child)

Camp Hours 8:00am – 2:30pm

_____ Camp 1 Ages 6-8	_____ Camp 2 Ages 9-11	_____ Camp 3 Ages 6-8	_____ Camp 4 Ages 9-11	_____ Camp 5 Ages 6-8	_____ Camp 6 Ages 9-11
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Youth: S M L
Adult: S M L M F

Child's Name _____

Date of Birth _____

Shirt Size (circle)

Sex

Parent's/Guardian's Name _____

Parent's/Guardian's Name _____

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Home Phone _____

Work Phone _____

Home Phone _____

Work Phone _____

Address _____

Address _____

City, ST ZIP Code _____

City, ST ZIP Code _____

Alternate Contact Information

Alternate Contact /Pickup Information _____

Relationship _____

Home Phone _____

Work Phone _____

Alternate Contact /Pickup Information _____

Relationship _____

Home Phone _____

Work Phone _____

Medical Information

Hospital/Clinic Preference _____

Physician's Name _____

Phone Number _____

Insurance Company _____

Policy Number _____

Allergies/Special Health/Behavioral Needs _____

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

I/We, the parent/guardian(s) of the above named child, hereby give my/our approval for his/her participation in activities during the current session. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities. I/We do further hereby release, absolve, indemnify and hold harmless the City of Augusta, the organizers of the activity, sponsors, and the supervisors appointed by them. I/We likewise release from responsibility any person transporting my/our son/daughter to the doctor/hospital in case of injury. I/we authorize the City of Augusta the use of any images taken during Camp Data for promotional purposes.

Parent's/Guardian's Signature _____

Date _____

***Please attach a copy of BIRTH CERTIFICATE.**

PARENTAL/GUARDIAN FIELD TRIP AUTHORIZATION/WAIVER/RELEASES

In consideration of _____ (hereafter, "participant(s)") being allowed to participate in the City of Augusta's 2012 Camp Data Program, the undersigned, on his or her own behalf, and/or on behalf of the participant(s), acknowledges, appreciates and agrees to the following terms and conditions:

- 1) I/We, being the parent(s)/guardian(s) of the participant(s) and on behalf of myself/ourselves and the participant(s), hereby authorize the participant(s) attend the following field trip as a part of and under the supervision of the City of Augusta Camp Data Program, on the following dates or such other dates which the Camp Data Program Coordinator designates:

Field Trip: Augusta-Richmond County Library (where applicable)

Date: _____, 2012

- 2) I/We, being the parent(s)/guardian(s) of the participant(s) and on behalf of myself/ourselves and the participant(s), authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for participant and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency as solely determined by Augusta, Georgia and/or Camp Data Program personnel/agents/employees.
- 3) I/We, on behalf of myself/ourselves and the participant(s), hereby give my/our approval for his/her participation in activities during the current session and its field trips. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the field trips and activities. I/We, on behalf of myself/ourselves and the participant(s), knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of others; and I, for myself and the participant(s), and our respective heirs, assigns, administrator, personal representatives, and next of kin, hereby release and hold harmless, Augusta, Georgia and The City of Augusta's Camp Data Program, their affiliates, officers, members, agents, employees, other participants, and sponsoring agencies from and against all claims, injuries, liabilities, or damages arising out of or related to participation in any and all Camp Data activities and its field trips. I/We also hereby give permission to the City of Augusta's Camp Data Program employees to procure professional medical attention for my child in my absence.
- 4) I/We authorize Augusta, Georgia to use of any photos taken of my participant(s) during Camp Data for promotional purposes, without compensation to participant(s) and/or the undersigned.

Participant's name: _____

Dated: _____

Parent/Guardian Signature

Print Parent/Guardian's Name/Date

Address and Telephone Number of Parent/Guardian:

