



March 20, 2024

New Parent/Student Letter

Dear Parent or Guardian,

Today, more than ever, it is important that your student complete high school with a college preparatory background. Moreover, it is well known that individuals with a college degree earn a million more dollars in their careers than do individuals without college degrees! Unfortunately, the high school drop-out rate for African American males in Georgia and across our nation continues to remain alarmingly high. Committed to reversing this trend and enhancing the academic opportunities for young African Americans, the College of Coastal Georgia invites your student to participate in our summer **Minority Outreach Programs: Boys of Summer or Girls of Summer**

After an exciting relaunch and with the avid support of our President, Dr. Michelle Johnston, the **Minority Outreach Programs** is kicking off its 32nd year. The program strives to reduce the drop-out rates among African American students by offering leadership, communication, and personal development while supporting the academic enrichment and study skills. Students who participate in the program show improvement on Georgia Education Standards related to reading comprehension and writing. Designed for African American students who will be sixth or seventh graders in Glynn and McIntosh counties for the 2023-24 school year, applicants have been recommended by their school guidance counselors.

This summer the **Boys of Summer program will be held July 8 – 26 and Girls of Summer will be held July 8 - 26 on the campus of the College of Coastal Georgia.** Bus transportation and lunch will be provided. If you are interested in your student attending our program, please complete the following 3 steps:

1. **REGISTER:** Please register your student using the paperwork included in the this invitation packet. If you need additional copies, our online form can be found at www.ccgga.edu/boysofsummer. The last day to register online will be **June 1, 2024**. If you wish to register **after June 1**, you will need to do so in person at the Office of Student Affairs & Enrollment Management on the Brunswick Campus of the College of Coastal Georgia.
2. **COMPLETE WAIVER FORMS:** Once you have completed the online registration form, you will need to complete the participant information packet. Hard copies of the forms will be mailed to you, or you may download and complete the forms from the website: www.ccgga.edu/boysofsummer. Registration forms will need to be completed and returned no later than **June 1, 2021**
3. **ATTEND THE ORIENTATION:** A program orientation has been scheduled for **Thursday June 27, 2024 @ 6:30pm** on the College of Coastal Georgia campus in the Campus Center Stembler Theatre. The meeting will provide a meet and greet of the program administrators, session overview, and will be an opportunity to complete any outstanding registration forms. Attendance at the orientation is mandatory.

If you have any questions about the program or the process, please contact Quinton Staples at jstaples@ccga.edu or call 912.280.7778

According to a West African proverb, “it takes a village to raise a child.” For summer 2024, we hope you will choose the College of Coastal Georgia for your student’s academic village so that we may support his academic future and beyond. If you have questions, let us know.

Sincerely,

J. Quinton Staples II

J. Quinton Staples II
Director of Minority Outreach Program



STUDENT RECORD RELEASE FORM ~ CCGA 2023 Minority Outreach Programs

To the Parent or Guardian:

Please fill in your child's information, sign where indicated and submit this form to your student's school counselor OR the College of Coastal Georgia, Division of Student Affairs, Boys of Summer Program, One Campus Drive, Brunswick, Georgia 31520 no later than June 1, 2024. Program participation will NOT be possible until this form has been submitted. If you have questions, please contact Quinton Staples, Director of Minority Outreach Programs at jstaples@ccga.edu.

Please print clearly.

Student's Last Name

Student's First Name

Grade Level

Male: _____ Female: _____ Parent's Email Address: _____

AUTHORIZATION STATEMENT AND SIGNATURE

I authorize _____ to release the information specified below to the College of
Name of School
Coastal Georgia Boys and Girls of Summer Programs.

Signature of Parent or Guardian

Date

To the School:

This child is an applicant for admission to the Boys of Program at the College of Coastal Georgia. So that we may plan instruction appropriate to students' instructional needs in the areas of reading, language arts, and mathematics, please provide the following information:

1. This year's report card results.
2. Most current Georgia Milestone test results.
3. Most recent reading scores.

We appreciate your help and assistance. If you have any questions or comments, please contact Quinton Staples at jstaples@ccga.edu

To the School:
Please send sealed records directly to:
College of Coastal Georgia
Office of Diversity & Inclusion
Boys and Girls of Summer Programs
One College Drive
Brunswick, GA 31520

YOUTH PROGRAMS FOR MINORS PARTICIPANT CODE OF CONDUCT

Program / Camp Name: _____

Participant Name (Please Print): _____

Parent / Guardian Name (Please Print): _____

The Program has established rules and standards of conduct for all Participants. It is the responsibility of the Parent/Legal Guardian and the Participant to review the Program rules and standards of conduct. Dismissed Participants are not eligible for a refund of any fees or expenses. The Parent/Legal Guardian is responsible for all costs associated with removing the Participant from the Program due to his/her misconduct, including but not limited to transportation costs to return the Participant home.

PARTICIPANT AGREEMENT

I understand that as a condition for participating in the Program I must comply with the Program's rules and standards of conduct and follow all reasonable direction of the Program Staff. Failure to comply with the Program's rules and standards of conduct or failure to comply with the reasonable direction of Program Staff may result in my being dismissed from the Program.

Participant's Signature: _____ **Date:** _____

PARENT/LEGAL GUARDIAN AGREEMENT

I understand that my child will be subject to the rules and standards of conduct of the Program and the University System of Georgia. I further understand that my child's violation of the rules and standards of conduct or failure to comply with the reasonable direction of Program Staff may result in my child's dismissal from the Program. I accept responsibility for all costs associated with removing my child from the Program, including but not limited to transportation costs to return the Participant home. I understand that Dismissed Participants are not eligible for a refund of any fees or expenses.

Parent/Legal Guardian's Signature: _____ **Date:** _____

**Notice to All Persons Participating In CCGA Activities
Assumption of Risk and Insurance Certification**

Some activities associated with CCGA involve the risk of bodily injury, property damage, and other dangers associated with participation in such activities. Dangers related to such activities include but are not limited to broken bones, strains, sprains, bruises, concussion, heart attack and heat exhaustion.

Each participant in such activities and their guardian should realize that there are risks, hazards and dangers inherent in such activities and in the training, preparation for, and travel to and from such activities. It is the sole responsibility of each participant to participate only in those activities for which he/she has the prerequisite skills, qualifications, preparations and training.

The undersigned acknowledges that the College of Coastal Georgia does not warrant or guarantee in any respect the competency or mental or physical condition of any trip leader, vehicle driver, or individual participant in any CCGA activity. All participants in voluntary programs will be required to sign the Release; Waiver Liability and Covenant Not to Sue form below.

As a guardian I acknowledge that I am solely responsible for any hospital or other costs arising out of any bodily injury or property damage sustained through my child's participation in such voluntary programs. In this regard, I certify that my child is covered by a 24-hour health and accident insurance policy.

I have received a copy of this Notice, which I have read and understand. I accept and assume all risks, hazards and dangers involved in any such activity in which my child may elect to participate, including the training, preparation for and travel to and from the site of such activities.

Guardian Printed Name

Signature

Release, Waiver of Liability and Covenant Not to Sue

The undersigned hereby acknowledges that participation in CCGA activities involves an inherent of physical injury and assumes all such risks. The undersigned hereby agrees that for the sole consideration of the College of Coastal Georgia allowing their child to participate in voluntary activities and, in connection therewith, making available to the undersigned for their child's use while participating in such programs or activities, certain equipment, facilities, grounds, or personnel of the institution. The undersigned does hereby waive liability, release forever discharge the Institution and the Board of Regents of the University System of Georgia, its demands, rights and causes of action of whatever kind or nature, arising out of all known and unknown, foreseen and unforeseen bodily and personal injury, damage to property, and the consequences thereof, including death, resulting from their child's voluntary participation in or in any way connected with such programs and activities.

I further covenant and agree that for the consideration stated above, I will not sue the Institution, Board of Regents of the University System of Georgia, its members individually, its officers, agents, or employees for any claim for damages arising or growing of my child's voluntary participation Kids in College activities.

I understand that the acceptance of this release, waiver of liability and covenant not to sue the Institution or the Board of Regents of the University System of Georgia or any agent or employee thereof, shall not constitute a waiver, in whole or in part, of sovereign of official immunity by said Board, its members, officers, agents, and employees. Further, I understand that this release, waiver of liability and covenant not to sue shall become effective with enrollment in Kids in College.

I have received a copy of this document and I certify that my child is _____ years of age and suffering under no legal disabilities and that I have read the above carefully before signing.

This _____ day of _____ 20____.

Child's Name _____

Guardian Name _____

Guardian Signature _____

READ CAREFULLY BEFORE SIGNING

Photo and Media Release

_____ Yes, I _____, the parent and/or legal guardian of _____, the Participant, hereby give CCGA and the Board of Regents of the University System of Georgia, the right and permission to use, reproduce, edit, exhibit, project, display, copyright and/or publish my/my child's images, likeness, and recordings in which I/my child may be included in the whole or in part, developed during participation in the Program/Activity and thereafter, and to circulate the same in all forms and media for any lawful purpose whatsoever. My consent includes, but is not limited to, images, likenesses and recordings that may be deemed to be educational records under the Family Educational Rights and Privacy Act of 1974 ("FERPA").

I understand and agree that my/my child's image, likeness or recording will become part of CCGA's photograph and/or recording file and that it may be distributed to other organizations or individuals for use in any publications, media, or technology now known of or hereafter developed in the future for any lawful purpose whatsoever without further permission from me. I also understand that I will receive no compensation in connection with the use of my/my child's image.

I hereby waive the right to inspect or approve my/my child's image, likeness or recording or any finished material that incorporates such. I further release, discharge, and agree to waive CCGA and the Board of Regents of the University System of Georgia, their licensees, successors, legal representatives and assignees from any liability for violation of any personal or proprietary right that I may have in conjunction with said images, likenesses and images and with the use thereof. I further acknowledge and agree that [the institution] and the Board of Regents of the University System of Georgia and its members, their officers, agents, and employees shall not be responsible for any of such image, likeness or recording by any third party accessing it through the internet or any other means.

_____ No, I do not grant permission for my/my child's image, likeness or recording to be used in any form, unless necessary for the administration of the program in which my child is participating.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

PROGRAMS SERVING MINORS

PICK UP AUTHORIZATION

I. *Personal Information* (please print)

Today's Date: ____/____/____

Child's Name: _____

Age: _____

Parent/Guardian Names: _____

Home Phone: _____ **Cell Phone(s):** _____

Work Phone(s): _____

II. *Authorized Pick Up*

Please list any individual who is authorized to pick up your child, including yourself. Each authorized person must be at least 16 years of age. The above-named child will not be permitted to leave the program with anyone who is not listed below. Authorized individuals must pick up the child in person and may be requested to show identification to program staff. Children will not be released to persons who fail to provide acceptable identification upon request.

I authorize the following responsible persons to pick up my child from the program (attach additional pages as needed):

Authorized Person	Phone Number	Relationship to Child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please note that children must be picked up by designated times. If an authorized adult is unable to be reached, program members will contact the local police department as a last resort to take your child home. If you are not at home, your child will be released to the Division of Family and Children Services.

III. *Authorized Dismissal*

My child is at least 16 years of age and will be responsible for his/her own transportation to and from the program. My child may sign himself/herself out at the end of the program activities.

Signature of Parent or Guardian: _____

Parent or Guardian Name*: _____

*Please note that only the enrolling parent will be permitted to complete this form.

Medical Information Form and Authorization for Medical Care

I. *Basic Personal Information* (please print)

Today's Date: ____/____/____

Child's Name: _____

Age: _____

Local Address: _____

City: _____ State: _____ Zip: _____

Cell Phone Number: _____ Work Phone Number: _____

Home Phone Number: _____

Height: _____ Weight: _____

II. *Emergency Contact Information*

Person to notify in case of emergency: _____ Relationship: _____

Contact's Phone Number(s): (____)_____, (____)_____

Contact's Address: _____

City: _____ State: _____ Zip: _____

Family Physician: _____ Phone Number: (____)_____

Insurance Provider: _____ Phone Number: (____)_____

Policy Number: _____

(Note: The institution does not offer any form of health, liability, or other types of insurance for participants. Please attach a copy of the front and back of your insurance card with this form.)

III. *Medical Information*

Please list any current medical concerns or medical history we need to know about your child: (Ex. past injuries, current conditions, physical limitations, etc.) _____

List any allergies your child has (Ex. medications, stings, food, iodine, latex, etc.) _____

List any medications your child is currently taking, their purpose, dosage, and times taken: _____

Does your child need any accommodations to safely participate in the program? If yes, please explain.

Does your child require any assistance with his or her medications? If so, please explain:

IV. *Authorization for Medical Care*

I understand that my child is voluntarily participating in a CCGA program. By signing this I form hereby acknowledge that all information is accurate and current, that any activity restrictions, allergies, and medications are listed on this form, and to the best of my knowledge, my child is capable of participating safely in the program. I acknowledge that my failure to disclose relevant information may result in harm to my child and/or others during this program. I agree to notify the program of any changes in my child's mental, physical, or medical condition before the program begins.

I understand that CCGA does NOT provide medical insurance for my child and that I should consult my child's physician before allowing my child to participate in this program. In the case of accident or illness, I hereby authorize the program staff to administer or seek medical treatment for my child, as they see fit, including routine first aid care or emergency medical treatment. I hold harmless and agree to indemnify the program, CCGA, and the Board of Regents from any claims, causes of action, damages, and/or liabilities arising out of or resulting from said medical treatment. I acknowledge that I am solely responsible for any hospital or other costs arising out of any bodily injury or property damage sustained through my child's participation in such voluntary program.

Name of Participant: _____ **Date:** ____/____/____

Signature of Parent or Guardian: _____

Parent or Guardian Name: _____

Work Phone: _____ **Cell Phone:** _____