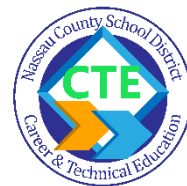




The Nassau County School District

& Florida State College of Jacksonville

76346 William Burgess Blvd, Building 30
Yulee, FL 32097



Thank you for your interest in the Entrepreneurship Summer Camp offered at the Nassau Technical Career Center located at the Florida State College of Jacksonville's Nassau Campus. We have a lot of exciting opportunities lined up for the camp which can be found on the attached schedule. Camp dates are as follows:

When:

June 10-14, 2024
Monday – Friday
9:00 AM – 4:00 PM

Where:

76346 William Burgess Blvd
Yulee, FL 32097
Lewis "Red" Bean Center, Building T

Please see the tentative schedule and frequently asked questions on the next page for further information about the camp. The camp is free and funded through the Entrepreneurship Education & Training Grant, FSCJ Foundation, Institute For Enterprise, Nassau 4-H, and other business sponsors.

To complete your child's enrollment in the camp you will need to complete the following items:

- () Complete Online Preregistration At: nassaubusinesscamp.com
- () Medical Authorization Form (Requires A Notary)
- () Consent & Release of Liability (Requires A Notary)
- () Emergency Medical Information Sheet (2 Pages)
- () 4-H Participation Form (2 Pages)
- () Media Release

The completed items above are due on Tuesday May 28, 2024. They may be dropped at the Career & Technical Education office at the FSCJ Yulee Campus located at the address above in room T102. A notary is available at this location but please call (904) 548-1750 in advance to coordinate a time with Kathleen Scheibe. Copies of this packet are also available at the Career & Technical Education office.

You may also drop the completed and notarized items of at the Nassau County Extension Office in Callahan, FL near the Northeast Florida Fairgrounds or the Nassau County Extension Office in Yulee off Minor Rd. A notary is available at these locations but please call (904) 530-6353 in advance to coordinate a time.

You may also drop completed and notarized items off at Compute-This! Computer Repair Upgrades & Sales located at 542192 US Hwy #1 in Callahan, FL 32011. A notary is **not** available at this location so only completed forms may be dropped off during business hours.

Sincerely,

Brian Simmons
Career & Technical Education Instructor
E-Mail: simmonsbr2@nassau.k12.fl.us

Our mission is to develop each student as an inspired life-long learner and problem-solver with the strength of character to serve as a productive member of society.

AN EQUAL OPPORTUNITY EMPLOYER



2024 Entrepreneurship Summer Camp Tentative Schedule



Monday – June 10th / 9 AM – 4 PM

Activities At Nassau Center FSCJ: Team Building, FSCJ Nassau Campus Tour, Brand Building, Principles of Marketing, Business Idea Brainstorming, and Vision & Mission Statements, Sketch Logo

Tuesday – June 11 / 9 AM – 4 PM

Field Trip –Visit FSCJ South Campus: Campus Tour, Business Logo Design, Marketing Materials, Business Card, A-Frame, and Flyers

Wednesday – June 12 / 9 AM – 4 PM

Field Trip – Visit FSCJ North Campus: Campus Tour, Cosmetology Program, Dental Program, Café Karibo, Mini Golf, Business Plan, Guest Speakers

Thursday – June 12 / 9 AM – 4 PM

Field Trip- Visit FSCJ Downtown/Advanced Technology Center: Campus Tour, Culinary Program, & Logistics Program, Visit Dorado Graphix, Practice Elevator Pitches

Friday – June 14 / 9 AM – 4 PM

Activities At Nassau Center FSCJ: Prepare Marketing Materials, Pitch Competition, Guest Speakers, Entrepreneurship Movie, & Awards

Entrepreneurship Summer Camp FAQ

What will my child do at the camp?

We will be visiting four different FSCJ campus to learn about the different programs offered at each campus. In addition, we will visit a few businesses to learn how they got started. Students will have the opportunity to engage with business owners and learn more about how they started their business. In addition, students will create their own business idea then make a logo and marketing materials for the business. Our concept is \$1,000 start-ups. If they had up to \$1,000 what kind of business would they start? Babysitting, car detailing, lawn mowing, etc...

What should students bring with them to camp each day?

We recommend a refillable water bottle. Some activities will be outside and camp attendees may get hot. Drinks will be provided during mealtimes.

Is breakfast and lunch provided during the camp.

Yes! A small grab and go breakfast will be provided each morning of the camp and students will be served lunch.

How do I get in touch with my child or someone at the camp during camp hours?

Please call the office of Career & Adult Education at (904) 548-1750 or (904) 548-1727 to get in touch with someone during camp hours. You can also reach the camp director at (904) 307-4612.

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The Nassau County School District

Career & Adult Education

76346 William Burgess Blvd, Building 30
Yulee, FL 32097



THE SCHOOL BOARD OF NASSAU COUNTY, FLORIDA

MEDICAL AUTHORIZATION FORM

_____ (Student's name) has my permission to participate in extra-curricular activities sponsored or authorized by Nassau Technical Career Center and/or District School Board of Nassau County.

In my absence or in the absence of an authorized parent or guardian of the Participant, I hereby authorize the School Board of Nassau County, Florida, its agents, servants, employees or designees to administer first aid and to obtain and consent to on behalf of the Participant and Participant's parents or guardians, any emergency first aid or medical care by any physician, hospital, or attendant which is deemed necessary or expedient by said physician, hospital or attendant as a result of involvement in the Activity. I agree to abide and be bound by such decisions and consents as if made by me and do assume full financial responsibility for and agree to pay all expenses of such care. I understand that it is my responsibility to secure adequate insurance for such first aid and medical care. The name of our health insurance company is _____, Policy Number _____.

I further authorize any physician, hospital or medical attendant to receive full and complete medical reports or information deemed necessary by them with respect to the treatment of my child. Execution of this document shall operate as an authorization for such person(s) to receive any medical information which they require.

The medical authorization contained within this form shall be valid and usable by the District School Board of Nassau County during such periods of time as my child is enrolled in a school within said District and this authorization shall remain valid unless revoked by me in writing.

(Parent or Guardian)

(Date)

SWORN TO AND SUBSCRIBED before me this _____ day of _____.

(Notary Public)

My commission expires:

For Middle and High School Students:

I hereby certify that I have read, understand and agree to abide by all of the rules of conduct and regulations of the District School Board of Nassau County, my School Code of Conduct, and I agree to obey the commands and directions of the particular school personnel chaperoning the activity in which I am participating. I further acknowledge that any violation of these rules and regulations will subject me to disciplinary action just as if said violation occurred on campus.

(Student's Signature)

(Date)

Our mission is to develop each student as an inspired life-long learner and problem-solver with the strength of character to serve as a productive member of society.

AN EQUAL OPPORTUNITY EMPLOYER

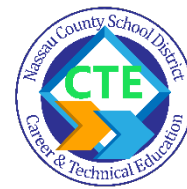


The Nassau County School District

Career & Adult Education

76346 William Burgess Blvd, Building 30

Yulee, FL 32097



CONSENT AND RELEASE OF LIABILITY

I, _____, am the parent or legal guardian of _____ (hereinafter referred to as "minor child"). As the parent or legal guardian of the minor child, I hereby consent for the minor child to participate in the following school related activities:
Entrepreneurship Summer Camp June 10-14, 2024.

In consideration of the benefits to be derived by the minor child from participating in the foregoing activity, I, the parent or legal guardian of the minor child, both personally and on behalf of the minor child, and for our respective estates, heirs, administrators, executors, and assigns hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the Nassau County School Board, members of the Nassau County School Board, Superintendent, or the Nassau County School Board's servants, agents or employees (hereinafter referred to as the "Releasees") 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 by the minor child or the minor child's property during and/or as a result of his or her participation in the above described activity.

I fully understand that there are potential risks and hazards associated with the minor child's participation in the above-described activity. Despite the potential risks and hazards associated with the minor child's participation in the above described activity and related travel, I, individually and on the minor child's behalf, wish for him or her to proceed, and freely accept and assume all risks and hazards that may arise from his or her participation in the above described activity that could result in loss, illness, personal injury, death, or property damage to him or her, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES or otherwise. I acknowledge that the minor child is freely and voluntarily participating in the above-described activity and that his or her participation is not required.

In signing this agreement, I acknowledge and represent that I have read it and that I understand it; that I sign it voluntarily and for full and adequate consideration, fully intending to be bound by the same; and that I am at least eighteen (18) years of age, fully competent, and the parent or legal guardian of the minor child. This instrument shall be governed, construed, and enforced in accordance with Florida law.

Parent or Legal Guardian's Printed Name

Date: _____

Parent or Legal Guardian's Signature

Sworn to and subscribed before me this _____ day of _____, 20__, by _____, who is to me personally known or who produced _____ as identification.

Notary Public, State of Florida at Large

Our mission is to develop each student as an inspired life-long learner and problem-solver with the strength of character to serve as a productive member of society.

AN EQUAL OPPORTUNITY EMPLOYER

Nassau County Student Emergency Medical Information

In the case of an emergency, it is imperative that the school be able to reach the student's parent (as defined below).
Fill in the information on both sides of this card carefully and accurately. Please use ink and print clearly.

Student Information	Last Name:		First:		Middle:	
	Date of Birth: / /		Grade Level:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
	Student's Physical Address:			City, State, Zip:		
	Mailing Address (If different from above):			City, State, Zip:		
	Primary Phone:			Student Cell Phone:		
	Student Email:					
	Who has custody: (Current legal documentation must be on file in the student's cumulative record.) <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other: _____ Student lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Parent & Step-Parent <input type="checkbox"/> Other: _____					
Mother/ Guardian	Last Name:		First:			
	Home Address (if different from student):		City, State, Zip:			
	Employer:		Work Phone:		Email:	
	<i>The school mass notification system is used to communicate news, attendance, emergencies, etc. If you want to receive these messages on your cell or home number, please select the appropriate Callout box. Otherwise, the messages will be sent to the Primary Phone number listed under Student Information.</i>					
	Cell Phone: <input type="checkbox"/> Callout - Check to receive school mass notifications		Home Phone: <input type="checkbox"/> Callout - Check to receive school mass notifications			
Father / Guardian	Last Name:		First:			
	Home Address (if different from student):		City, State, Zip:			
	Employer:		Work Phone:		Email:	
	<i>The school mass notification system is used to communicate news, attendance, emergencies, etc. If you want to receive these messages on your cell or home number, please select the appropriate Callout box. Otherwise, the messages will be sent to the Primary Phone number listed under Student Information.</i>					
	Cell Phone: <input type="checkbox"/> Callout - Check to receive school mass notifications		Home Phone: <input type="checkbox"/> Callout - Check to receive school mass notifications			
Emergency Contacts	List the names of persons to whom we may release your child or whom we may contact if we cannot reach you.					
	Name		Address		Relationship	
Transportation	Regular Arrival Procedures. On a typical day, how will your child arrive to school? <input type="checkbox"/> Car Dropoff <input type="checkbox"/> Walker <input type="checkbox"/> Ride School Bus (AM Bus # _____) <input type="checkbox"/> Drive (High School Students) <input type="checkbox"/> Attend OFF-site before-care program (Program: _____)					
	Regular Dismissal Procedures. On a typical day, how will your child leave school? <input type="checkbox"/> Car Pickup <input type="checkbox"/> Walker <input type="checkbox"/> Ride School Bus (PM Bus # _____) <input type="checkbox"/> Drive (High School Students) <input type="checkbox"/> Attend OFF-site after-care program (Program: _____) <input type="checkbox"/> Attend ON-site after school program (Program: _____)					

PLEASE TURN OVER TO COMPLETE THE BACK

NASSAU COUNTY STUDENT EMERGENCY MEDICAL INFORMATION

Student Last Name:

First:

Middle:

Physician/ Hospital	In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If it is impossible to contact the physician, the school may make whatever arrangements seem necessary.							
	Physician:		Phone:					
	Hospital:		Phone:					
Medical Information	Please check or list any medical/mental health diagnoses/concerns which may affect the child's progress in school, sports, etc. (Check all that apply):							
	<input type="checkbox"/> Asthma. If checked, does the student use an inhaler? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> On daily medication							
	<input type="checkbox"/> Seizures. If checked, is the student on medication? <input type="checkbox"/> Yes <input type="checkbox"/> No							
	<input type="checkbox"/> Diabetes. If checked, is the student insulin dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No							
	<input type="checkbox"/> Movement limitations (Describe):							
	<input type="checkbox"/> Recent illness/hospitalization/surgery (Describe):							
	<input type="checkbox"/> Other medical/mental health diagnoses/concerns (Describe):							
	<input type="checkbox"/> Severe Allergies. If checked, please check the type below: <input type="checkbox"/> Food/environmental: <input type="checkbox"/> Insect stings/bites: <input type="checkbox"/> Medicines/drugs: Specify: _____ Specify: _____ Specify: _____		Allergies require: <input type="checkbox"/> EpiPen <input type="checkbox"/> Benadryl <input type="checkbox"/> Other: _____					
Does your child wear glasses/contacts? <input type="checkbox"/> Yes <input type="checkbox"/> No Does your child wear hearing aid(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Sibling(s)	Please list any sibling(s) who currently attend a Nassau County Public School.							
	First and Last Name	School	Grade Level					
<p>Parents will be notified of any problems detected and no treatment, including shots, skin tests or blood tests, will be given without additional parental permission. The Public Health Nurse will assist parents/guardians in obtaining medical help for their child(ren). Health problems will be treated in a confidential manner. <u>You must notify the school principal in writing if you do NOT want your child to participate in one or more of the activities listed.</u></p> <p>The Nassau County Health Department, in cooperation with the Nassau County School Board, will be conducting the following School Health Screenings during this year. Nursing assessments and health counseling are a part of the scheduled screenings. A student may be referred by a parent or a member of the school staff at any time for the screenings listed below.</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: left;"> <tr> <td style="width: 20%; padding: 5px;"> Grade K • Dental • Hearing • Vision </td> <td style="width: 20%; padding: 5px;"> Grade 1 • Dental • Hearing • Vision • Height • Weight </td> <td style="width: 20%; padding: 5px;"> Grade 3 • Dental • Vision • Height • Weight • BMI (selected schools) • Behavioral/mental health screener </td> <td style="width: 20%; padding: 5px;"> Grade 6 • Dental • Hearing • Vision • Height • Weight • Scoliosis • BMI (selected schools) • Behavioral/mental health screener </td> <td style="width: 20%; padding: 5px;"> Grade 9 • Behavioral/mental health screener Grades PreK, 2, 4, 5, 7, 8, 9, 10, 11, 12 • Will be Upon Referral </td> </tr> </table> <p>I understand that certain educational records of my child will be shared with the district's health care partners as needed to provide and evaluate health services to students. I also understand and agree that my child's medical treatment records created by health care personnel at school may be shared with school officials who have a legitimate educational purpose for accessing such treatment records.</p>				Grade K • Dental • Hearing • Vision	Grade 1 • Dental • Hearing • Vision • Height • Weight	Grade 3 • Dental • Vision • Height • Weight • BMI (selected schools) • Behavioral/mental health screener	Grade 6 • Dental • Hearing • Vision • Height • Weight • Scoliosis • BMI (selected schools) • Behavioral/mental health screener	Grade 9 • Behavioral/mental health screener Grades PreK, 2, 4, 5, 7, 8, 9, 10, 11, 12 • Will be Upon Referral
Grade K • Dental • Hearing • Vision	Grade 1 • Dental • Hearing • Vision • Height • Weight	Grade 3 • Dental • Vision • Height • Weight • BMI (selected schools) • Behavioral/mental health screener	Grade 6 • Dental • Hearing • Vision • Height • Weight • Scoliosis • BMI (selected schools) • Behavioral/mental health screener	Grade 9 • Behavioral/mental health screener Grades PreK, 2, 4, 5, 7, 8, 9, 10, 11, 12 • Will be Upon Referral				
<div style="display: flex; align-items: flex-start;"> <div style="width: 10%; text-align: center;"> </div> <div style="width: 90%;"> <p>Has your family temporarily lost housing? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Your family may qualify for additional resources through the FIT program if you are living in one of these situations because of loss of housing: sharing housing, camper, motel, car, substandard, etc. Call 277-9021 for more information.</p> <p>These situations, in and of themselves, do not count as abuse and are not reported to any agency.</p> </div> </div>								
<p>I declare that the information on this card is true and correct. I will notify the school office immediately of any changes.</p>								
Signature: _____ Date: _____								
Relationship to Student: _____								



Florida 4-H Participation Form for Youth and Adults

Directions: This form, along with a Florida 4-H Youth Enrollment Form, must be completed by a parent or legal guardian in order for a youth to participate in the Florida 4-H Program. All items must be completed. Even if the response is not applicable – indicate by using N/A. Failure to complete this form in its entirety will result in the person being ineligible to participate in 4-H activities. Adult participants must also complete this form to volunteer with and/or participate in Florida 4-H.

Name: _____ Birthdate: ____/____/____ Youth's Age (As of Sept. 1, 2014): _____ Male or Female: _____
Last First

Home Address: _____ 4-H County/District _____

City, ST, Zip: _____ Home Phone (_____) _____

Name of Parent/Guardian or Emergency Contact: _____ Relationship to Participant: _____

Emergency Contact Primary Phone (_____) _____

Name of Family Doctor: _____ Doctor's Office Phone: (_____) _____

Health Insurance Company: _____ Policy #: _____

Name of Insured: _____ Relationship to Participant: _____

HEALTH FORM

Does the participant have, or at any time had, any of the following? Check "Yes" or "No" to each item. Please explain any "Yes" answers (noting the # of the item) in the space below or on an additional sheet of paper if necessary. Reporting conditions will not prevent a person from attending and will be kept confidential.

Conditions	Yes	No
1) Asthma		
2) Bronchitis		
3) Convulsions		
4) Diabetes		
5) Ear Infection		
6) Fainting		
7) Heart Condition		
8) Headaches		
9) Hypoglycemia		
10) Serious Insect Stings		
11) Wear Glasses		

Conditions	Yes	No
12) Wear Contact Lenses		
13) Penicillin Allergy		
14) Aspirin Allergy		
15) Tetanus Allergy		
16) Other Drug Allergies		
17) Food Allergies		
18) Serious Ivy, Oak, or Sumac		
19) Sunscreen Allergies		
20) Other Allergies		
21) Other Health Conditions		

The following over-the-counter medications may be administered to my child, without contacting me. Check all that apply.

- ☐ Antihistamine
- ☐ Antacid
- ☐ Ibuprofen (Advil)
- ☐ Acetaminophen (Tylenol)
- ☐ Hydrocortisone
- ☐ Decongestant
- ☐ Dramamine
- ☐ Polysporin (topical antibiotics)
- ☐ Aloe Vera Gel for Sunburn
- ☐ Please contact me for permission to administer ANY over-the counter medications.

Date of Last Tetanus Shot ____/____/____

Please explain "Yes" answers and provide information on recent medical issues (including injuries and surgeries), allergic reactions, special dietary regulations, present medications, any specific activities to be restricted and other comments.

Does the participant use an inhaler and/or an EpiPen? ☐ Yes ☐ No If yes, mark which is used: ☐ Inhaler ☐ EpiPen

Disabilities: If the participant requires accommodations for a disability to participate in 4-H programs, please provide information about the disability.

Special Needs: If the participant requires accommodations for special needs to participate in 4-H programs, please provide information about the special needs.

Medical Consents

First Aid Consent: I give UF/IFAS Extension Florida 4-H my consent and permission to render general first aid treatment to my child or myself for any injuries or illnesses occurring during any Florida 4-H activity. I understand that if a medical emergency arises, Florida 4-H will contact emergency medical personnel [911] for assistance.

Medication Consent: I authorize Florida 4-H to administer medication (over the counter and/or prescribed) to my child as specified in the physician's written instructions or instructions on packaging. **I understand that if my child needs medication to be administered while attending a Florida 4-H activity, I MUST complete the Florida 4-H Medication Form in addition to signing this consent.**

_____ (Initials) ☐ Yes ☐ No I understand and agree to the Medical Consents. I am a Parent/Guardian or Adult Participant. *

* Consent is required to participate in Florida 4-H.

4-H Participation Form for Youth and Adults: Authorizations

Florida 4-H Code of Conduct for Youth and Adults: As a participant in 4-H at the local, state, or national level, I have the responsibility of representing the UF/IFAS Extension 4-H Youth Development Program to the public. Therefore, I am expected to conduct myself in a manner that will bring honor to me, my family, my community, and 4-H. To do that, I must abide by the following rules:

- (1) Obey local, state, and federal laws. Follow county, district, state and/or national 4-H policies. Abide by any special rules for a 4-H event or activity.
- (2) Speak and act in a responsible, courteous, and respectful way. Harassment, threats or bullying of any type is prohibited.
- (3) Act responsibly to maintain a safe environment for all participants. Acting in a manner that could endanger the health, safety or welfare of yourself or others is prohibited. Report threats to the well-being of any participant immediately to the adult in charge.
- (4) Possession or use of tobacco, alcohol, or illegal drugs is prohibited. Possession or use of approved medications by youth during a 4-H function must be reported to the adult in charge and must not be accessible to other participants.
- (5) Possession or use of weapons or other dangerous objects is prohibited, except when required as part of an approved educational program. Weapons are defined to include, but are not limited to, guns, knives and incendiary or explosive devices of any kind.
- (6) Respect all property, facilities, equipment, and vehicles. I will be responsible for any damage or other consequences resulting from my behavior.
- (7) Participate fully in 4-H functions. Be in the assigned program areas (example—dorms, cabins, programs, etc.) on time. If I am unable to attend or participate, I will tell the adult in charge. Help others have a pleasant experience by making every attempt to include all participants in activities.
- (8) Dress appropriately for each 4-H function.
- (9) Use of any mobile electronic device during a scheduled 4-H activity is prohibited unless activity-specific rules otherwise allow. When permitted, they should be used only in a manner that is consistent with the approved activity and not discourteous or disruptive.
- (10) The belongings of youth participants, including but not limited to bags, purses, computers, other electronic devices, lockers and vehicles, are subject to search and seizure by 4-H faculty/staff, and in some instances a volunteer designee, upon reasonable suspicion that a prohibited and/or illegally possessed substance or object is contained within that area. (If an adult is suspected, this will be handled by law enforcement.)

Youth or Adult Agreement: _____ (Initials) ☐ Yes ☐ No I have read the Florida 4-H Code of Conduct above and agree to abide by it in its entirety. I realize my failure to do so could result in a loss of privileges during a 4-H event and in the future; including but not limited to suspension or termination of 4-H membership or volunteer service.**

Parent/Guardian Agreement: _____ (Initials) ☐ Yes ☐ No I understand and agree to the Florida 4-H Code of Conduct above.**

General Release: In consideration for my and/or my child's participation in Florida 4-H, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Florida 4-H, the Florida 4-H Club Foundation, Inc., UF IFAS Extension, the University of Florida, the University of Florida Board of Trustees, and their respective employees, agents, representatives and volunteers (hereinafter referred to as "RELEASEES") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child, or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES or otherwise, while participating in a Florida 4-H activity or while in, on or upon the premises where a Florida 4-H activity is being conducted.

I am fully aware of the risks and potential hazards connected with participating in Florida 4-H activities and programs and I hereby elect to voluntarily participate and engage in such activities knowing that these activities may be hazardous to me, my child and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, that may be sustained by myself, my child, or any loss or damage to property owned by me, as a result of engaging in such activities, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise.

_____ (Initials) ☐ Yes ☐ No I understand and agree to the General Release. I am a Parent/Guardian or Adult Participant. **

Transportation Policy: I understand that all volunteers and/or parents who transport Florida 4-H participants as a part of any 4-H activity are required to be 18 years or older, possess a valid driver's license with a safe driving record and automobile insurance, and otherwise comply with state and local laws. Additionally, Florida 4-H requires that drivers utilize a transport vehicle that is in good repair and working order. I understand that transportation to and from many Florida 4-H activities, not a part of the activity, is the responsibility of the participant and his/her family. Florida 4-H has no ownership or control over any privately owned vehicles and relies on the drivers' compliance to 4-H policies and procedures.

_____ (Initials) ☐ Yes ☐ No I understand and agree to the Transportation Policy. I am a Parent/Guardian or Adult Participant. **

Publicity Release: I authorize UF/IFAS Extension and the Florida 4-H Club Foundation, Inc. or their assignees to record and photograph my image and/or voice (or that of my child if under 18) for use in research, educational and promotional programs. I also recognize that these audio, video and image recordings are the property of UF IFAS Extension and the Florida 4-H Club Foundation.

_____ (Initials) ☐ Yes ☐ No I authorize use of my—or my child's individual image and voice. I am a Parent/Guardian or Adult Participant ***

Survey & Evaluation Release: I hereby establish my willingness to participate as an adult (i.e. 4-H leader, other volunteer, parent/ guardian, site manager, etc.) and give permission for my child (under 18 years of age) to complete surveys and evaluations that will be used to determine program effectiveness or to promote the program. I understand that participation in surveys and evaluations is voluntary and that my child and I may choose not to participate and may withdraw from surveys and evaluations without impact on my or my child's eligibility to participate in the 4-H program. I understand that my child or I may be asked for consent before completing a survey or an evaluation.

_____ (Initials) ☐ Yes ☐ No I am willing to participate—or give permission for my child to participate—in any program evaluation. I am a Parent/Guardian or Adult Participant ***

**Consent is required. Marking "No" for the Code of Conduct, General Release and Transportation Policy will prevent the individual from participating in Florida 4-H.

***Consent is not required to participate in Florida 4-H.

Youth or Adult Member Signature : _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____



Release of Student Information Non-Consent Form Directory Information, Photographs, Videos, Creative Works

Student's Full Name: _____ Date of Birth: _____
(Please Print)

School Name: _____ Student ID #: _____

The Family Educational Rights and Privacy Act (FERPA), a Federal law, requires that school districts with certain exceptions, obtain written consent prior to the disclosure of personally identifiable information from a child's education records. However, school districts may disclose appropriately designated directory information without written consent, unless you have advised the District to the contrary. According to the District's Administrative Rules (Chapter 5 - Part III), directory information includes the student's name, address, telephone number if it is a listed number, electronic mail address, photograph, date and place of birth, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, grade level, degrees, honors and awards received, and the most recent educational agency or institution attended by student.

Directory information can be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. This form will be used to allow you the opportunity to restrict the release of directory information. Please complete this form and return it to your child's school. If this signed form is not received by the school with options selected, it will be assumed that permissions for the release of directory information have been granted.

Directory Information

- ☐ The district shall not release my child's directory information to a third party. I understand that choosing this option will prevent my child's information from being included in school publications (yearbooks, athletic programs, playbills) and recognition lists (graduation programs, honor rolls) or being released to the yearbook and ring vendors.

Armed Forces

- ☐ The district shall not release my child's directory information to Armed Forces or Military Recruiters.

Postsecondary Educational Institutions

- ☐ The district shall not release my child's directory information to postsecondary educational institutions.

Media Release

- ☐ The district shall not release my child's name, photograph, audio and/or video recording for the purposes of student achievement and accomplishment to the media, website(s), or various social media channels.

Creative Works

- ☐ The district shall not use my child's creative work or writing for publication.

Parent/Guardian's Name : _____ Relationship to Student: _____
(Please Print)

Parent/Guardian's Signature: _____ Date: _____

For School Use Only

Received by: _____ Date: _____

Entered in Focus by: _____ Date: _____

THIS AUTHORIZATION IS IN EFFECT UNTIL SEPTEMBER 15 OF THE FOLLOWING SCHOOL YEAR AND MUST BE RENEWED ANNUALLY.