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bind my heirs, executors, administ as well as myself and my child.	rators, and assigns,	, and my child's heir	rs, executors, adm	ninistrators, and assigns,

## VALDOSTA STATE UNIVERSITY PARTICIPANT CODE OF CONDUCT

Program/Activity/Camp Name:		

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11.	If the Authorized	Adult believes th	nat the Progra	am Administrato	or and/or the	Minor Co	ordinator ma	y be
	involved in the al	legations of assa	ult or abuse,	they shall inform	m University	Police di	ectly.	

## 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.

may result in my being distinssed from the Program.
Participant Signature:
Date:
PARENT/LEGAL GUARDIAN AGREEMENT
I understand that my child will be subject to the rules and standards of conduct of the Program, Valdosta State University 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/Guardian Signature:
Date

## Valdosta State University Pick Up Authorization

I.	Personal Information (please	pr <b>4qq</b> 0.00	0000912 0 612 792 reW* n <b>F</b>	Today 9 Date	:0 <u>0110</u> 0.94 <u>5</u> /32.99 Tm0 §	g0 G[(a)] T <b>3</b> 03 <b>Q</b> 0.00
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Home	e Phone:					
Cell I	Phane(s):					
Woak	Phone(s):					
II.	Authorizød Pick Up					
Please	e list an					
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IV.	Authorization for Medical (	Care