



Cadet Overnight Visit Application

<p>Instructions: Print out entire form, fill out with black ink, sign in all designated blanks, and mail or fax to the address shown to the right </p> <p>Please mail a non-refundable check for \$30 with the application. Make check out to "Cadet Overnight Visitation"</p>	<p>N.G.C.S.U. Cadet Recruitment Center ATTN: COVE 82 College Circle Dahlonega, GA 30597 Fax: (706) 867-2805</p>
--	--

If you are under 18 years of age, your parent or guardian must sign Parts IV - VI

PART I - Contact Data

Last Name:	First Name:	MI:
Mailing Address:		
City:	State:	ZIP Code:
Hm. Phone #: - -	Cell Phone #: - -	E-mail:
Birthdate (MM/DD/YY): / /	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	

PART II - Personal Data

High School Data:		
Name of Current High School:		School Type: Select One
School Location: City:		State:
Educational Testing Scores:		
SAT-Verbal:	SAT-Math:	ACT: Cumulative HS GPA: /4.00
How did you hear about National Leadership Challenge? Select One		

PART III - Activities Data

<p>Indicate all varsity sport in which you participate (mark all that apply):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Baseball/Softball</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Tennis</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Track/Cross Country</td> <td style="border: none;"><input type="checkbox"/> Swimming/Diving</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Football</td> <td style="border: none;"><input type="checkbox"/> Volleyball</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Basketball</td> <td style="border: none;"><input type="checkbox"/> Rifle/Pistol</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Soccer</td> <td style="border: none;"><input type="checkbox"/> Hockey/Lacrosse</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Golf</td> <td style="border: none;"><input type="checkbox"/> Other:</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Wrestling/Judo/Karate</td> <td style="border: none;">Specify:</td> </tr> </table>	<input type="checkbox"/> Baseball/Softball	<input type="checkbox"/> Tennis	<input type="checkbox"/> Track/Cross Country	<input type="checkbox"/> Swimming/Diving	<input type="checkbox"/> Football	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Basketball	<input type="checkbox"/> Rifle/Pistol	<input type="checkbox"/> Soccer	<input type="checkbox"/> Hockey/Lacrosse	<input type="checkbox"/> Golf	<input type="checkbox"/> Other:	<input type="checkbox"/> Wrestling/Judo/Karate	Specify:	<p>List all leadership positions you have held in school or your community:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><u>Organization</u></td> <td style="width: 50%; border: none;"><u>Position</u></td> </tr> <tr> <td style="border: none; height: 40px;"></td> <td style="border: none;"></td> </tr> </table>	<u>Organization</u>	<u>Position</u>		
<input type="checkbox"/> Baseball/Softball	<input type="checkbox"/> Tennis																		
<input type="checkbox"/> Track/Cross Country	<input type="checkbox"/> Swimming/Diving																		
<input type="checkbox"/> Football	<input type="checkbox"/> Volleyball																		
<input type="checkbox"/> Basketball	<input type="checkbox"/> Rifle/Pistol																		
<input type="checkbox"/> Soccer	<input type="checkbox"/> Hockey/Lacrosse																		
<input type="checkbox"/> Golf	<input type="checkbox"/> Other:																		
<input type="checkbox"/> Wrestling/Judo/Karate	Specify:																		
<u>Organization</u>	<u>Position</u>																		
<p>List any other scholastic awards, honors, or exemplary involvement:</p>																			

PART IV – Medical Release Form

As the parent, guardian, or next of kin of:

I give permission for him/her to receive necessary, routine medical attention from North Georgia College and State University's Infirmary or U.S. Army trained and certified **91 B** medics while attending any adventure training session. I also give permission for emergency medical problems to be treated at Chestatee Regional Hospital in Dahlonega.

Whom should we contact in case of an emergency?

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

Does your child have allergies or other health problems we should know about?
Please specify:

Does your child require medications of any kind? Yes No . If yes, please give the name of the medication and specify the dosage and time of day to administer.

Is your child allergic to bee stings? Yes No

Has your child ever been a heat casualty? Yes No

Insurance Carrier:	Policy Number:
--------------------	----------------

Signature:	Date:
------------	-------

PART V – Photographic Image Release

I understand that my child may appear in photographic images made during the course of adventure training and that NGCSU may use these photos to publicize NGCSU in a variety of media.

I hereby grant to NGCSU the absolute and irrevocable right and unrestricted permission in respect to photographic portraits or pictures taken of my child or in which my child may be included with others, to copyright the same, in the name of the institution; or to use, re-use, publish, and re-publish the same in whole or in part, individually or in any and all media now or hereafter known, for the purpose of publicizing the programs and services of the institution.

I hereby release and discharge the institution from any and all claims and demands arising out of or in connection with the use of photographs, including without limitation any and all claims for libel or invasion of privacy.

I am the parent or legal guardian of the child named below and have the right to contract in his/her name. I have read the foregoing and fully understand the contents thereof. This release shall be binding upon my child, heirs, any legal representatives, assigns, and myself.

Child's Name:	Guardian Name:
Witness Name:	Guardian Sign:
Witness Sign:	Address:
Date:	

PART VI – Liability Waiver

NOTICE TO ALL PERSONS PARTICIPATING IN ADVENTURE TRAINING ASSUMPTION OF RISK AND INSURANCE CERTIFICATION (READ CAREFULLY BEFORE SIGNING)

Adventure training might involve substantial risks 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, drowning, concussion, heart attack, and heat exhaustion.

Each participant in such activities 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 and athletic programs will be required to sign the attached Release, Waiver of Liability and Covenant not to sue form.

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 participation in such voluntary athletic or recreational activities. In this regard, I certify that I am covered by a 24-hour health and accident insurance policy.

RELEASE, WAIVER OF LIABILITY AND COVENANT NO TO SUE

The undersigned hereby acknowledges that participation in the Adventure Training involves an inherent risk of physical injury and assumes all such risks. The undersigned hereby agrees that for the sole consideration of North Georgia College and State University and the United States Government allowing undersigned to participate in the Adventure Training and in connection therewith, making available to the undersigned for his/her use while participating in such programs or activities, certain equipment, facilities, grounds, or personnel of the institution and government, the undersigned participant does hereby waive liability, release and forever discharge the Institution, Board of Regents of the University System of Georgia, and the United States Government, its members individually, and its officers, agents and employees of and from any and all claims, demands, rights and causes of action of whatever kind of nature, arising out of all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, including death, resulting from my voluntary participation in or in any way connected with such recreational programs and athletic 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, and the United States Government, its members individually, and its officers, agents and employees for any claim for damages arising or growing out of my voluntary participation in the Adventure Training.

I understand that the acceptance of this release, waiver of liability and covenant not to sue the institution, Board of Regents of the University System of Georgia, and the United States Government, its members individually, and its officers, agents and employees thereof, shall not constitute a waiver, in whole or in part, of sovereign or official immunity by said Board, its members, officer, agents and employees.

Further, I understand that this release, waiver of liability, and covenant not to sue shall be effective during the entire period of the Adventure Training.

I have received a copy of this document, which I have read and understand. I accept and assume all risk, hazards and dangers involved in any such activities in which I may elect to participate, including the training, preparation for and travel to and from the site of such activities. I certify that I am at least 18 years of age and suffering under no legal disabilities.

Date:	
Name (Print):	Witness name (Print):
Signature:	Witness signature:
To be signed by parent if the participant is under the age of 18.	