



ALPHA Extreme Application Packet Checklist

Student Name: _____

Student Grade/School: _____

Current Email Address: _____
(If accepted, you will receive your acceptance letter at this email address.)

ALPHA Extreme Weeks of Preference (1 being First Choice)

1. _____
2. _____
3. _____

Please Attach the Following:

_____ Current Transcript

_____ At least one Letter of Recommendation from a Current Teacher

_____ Completed Emergency Contact Information Sheet

_____ Completed Waivers of Liability and Assumption of Risk
(This should be 2 separate forms that are located under the Quick Links tab at continuingeducation.gcsu.edu)

_____ You must keep the Medication Distribution Form in your possession. This will be given to the counselors on the first day of the program along with any medications your child will need to take for the duration of the program he or she will be attending. Please check this box to confirm that you have a copy of the Medication Distribution Form in your possession.

Emergency Contact Information

Student Name: _____ Student Age: _____

Name of Parents: _____

Current Mailing Address: _____

Student T-Shirt Size: YS YM YL AS AM AL AXL AXXL

Home Phone: _____ Business Phone: _____

Cell /Mobile Phone: _____

Email: _____

Emergency Contact #1: _____

Address: _____

Home Phone: _____ Business Phone: _____

Cell/Mobile Phone: _____

Emergency Contact #2: _____

Address: _____

Home Phone: _____ Business Phone: _____

Cell/Mobile Phone: _____

Please list any allergies, medications, or medical conditions that counselors should know about:

Please list any additional adults with name, address, and phone number that you would like to authorized to pick up your student in case of an emergency.

By signing below you agree that the individuals listed above are allowed to pick up your student from ALPHA Extreme during the dates of _____.

Signature _____ Date _____



Permission for Administration of Prescription Medication (Summer Camps)

Medication should be administered by a parent or guardian before your child arrives on campus at ALPHA Extreme. Initial doses of a medication that a child has never taken before will not be given. Medication that must be given must be accompanied by this form, in the original labeled container provided by the pharmacist who filled the prescription.

Child's Name	Date of Birth
Medication:	Dosage:
Purpose of Medication:	Route:
Time of day medication to be given at ALPHA Extreme: Please provide specific time. Lunch times vary.	Is child allergic to any food, medicines, or other items? List items.
Anticipate number of days medication will be given at ALPHA Extreme: <input type="checkbox"/> Everyday <input type="checkbox"/> ___ weeks <input type="checkbox"/> ___ days	Note any special storage requirements.
Possible side effects:	
Health Care Provider's Name & Address	
Office Phone Number:	

I give permission for my child, _____, to be given the above medication as prescribed. I understand that I am responsible for notifying my child's counselor if his or her medications change in any way.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

Day Phone Number



Submitting Your Application

Once you have completed your application, there are three ways to submit it:

1. You can mail it to:
Georgia College
Continuing Education
Campus Box 040
Milledgeville, GA 31061
ATTN: Candice Griffeth
2. You can fax it to:
Continuing Education
ATTN: Candice Griffeth
(478) 445-6271
3. You can Email it to:
Continuing Education
ATTN: Candice Griffeth
candice.griffeth@gcsu.edu

Please make sure that everything is included in your packet when you submit it (including the checklist). Once your application has been reviewed, you will be contacted via email by May 21, 2012 to begin the registration process for your program if accepted. If you have any questions or concerns, please call Candice Griffeth at (478) 445-5277.