

# Natural Resources Conservation Workshop Application

Year \_\_\_\_\_

**APPLICATION MUST BE FILLED OUT COMPLETELY!**

## 1. STUDENT INFORMATION (Please print or type, use black or blue ink)

Student Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Race \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Grade \_\_\_\_\_ High School \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email Address \_\_\_\_\_ County of Residence \_\_\_\_\_

Sponsoring County (if different) \_\_\_\_\_

Shirt Size - circle your size (all shirts are adult sizes): Small Medium Large X-Large XX-Large

I certify that I will be entering the 10<sup>th</sup>, 11<sup>th</sup>, or 12<sup>th</sup> grade at the beginning of the 2013-2014 school year. I have never attended a Natural Resources Conservation Workshop. I understand this is a workshop, and I will participate in all activities; show respect for property and facilities used; assume financial responsibility for any damage caused by me. I understand failure to follow the rules of conduct will result in my being sent home immediately. I UNDERSTAND THAT THE RULES OF CONDUCT PROHIBIT ANY USE OF TOBACCO PRODUCTS, ALCOHOL, OR DRUGS NOT PRESCRIBED BY DOCTOR AND THIS WILL BE STRICTLY ENFORCED.

Student's Signature \_\_\_\_\_

## 2. TO BE FILLED OUT BY PARENT/LEGAL GUARDIAN (Please print or type, use black or blue ink)

Parent or Guardian Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (include area code) \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

### Media Release:

I understand photographers and/or television crews will sometimes be present during classes, rehearsals, or performances of this workshop. I give permission for any resulting photographs or video, which may include my child, to be used by NRCW for any promotional purposes on the website, television, or in newspapers, magazines or any other media deemed appropriate.

Yes \_\_\_\_ No \_\_\_\_

Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

Completed applications must be received by **May 24th**. Pages 1 and 2 must be completely filled out with payment for the application to be processed. Applications are accepted on a first-come, first-served basis. Full refunds will be made if application is cancelled on or before **May 24th**. **No refunds after May 24th**. For additional information, contact Workshop headquarters at (229) 391-5072 or [nrcw@abac.edu](mailto:nrcw@abac.edu) or [www.abac.edu/nrcw](http://www.abac.edu/nrcw)

**This Page must be filled out completely!**

## Natural Resources Conservation Workshop

To complete this form,  
Soil and Water Conservation District and Natural Resources Conservation Service information  
may be found on the following page or at  
[www.abac.edu/nrcw](http://www.abac.edu/nrcw)

### SPONSORSHIP

(To be completed by Agency and Supervisor)

COUNTY OF SPONSORSHIP \_\_\_\_\_

SOIL AND WATER CONSERVATION DISTRICT \_\_\_\_\_

SPONSOR \_\_\_\_\_

Sponsor Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

The following named Student: \_\_\_\_\_

is recommended to attend the Natural Resources Conservation Workshop.

\_\_\_\_\_  
Signature of Soil & Water Conservation District Supervisor

\_\_\_\_\_  
Date

Mail application with a check for \$150.00 to:

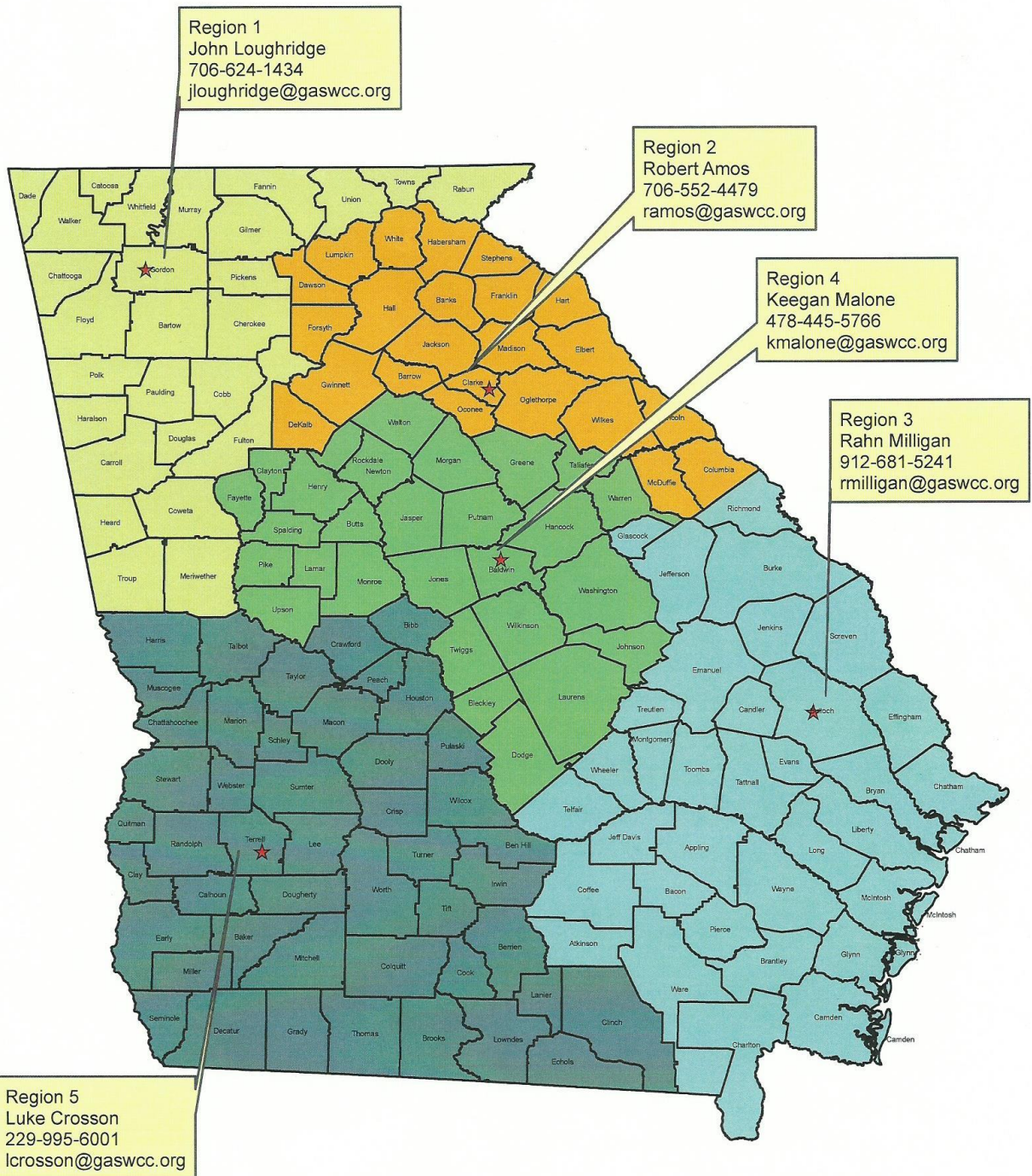
NRCW  
ABAC 8  
2802 Moore Highway  
Tifton, GA 31793-260

**District  
SIGNATURE  
Is  
REQUIRED**

Note: Please contact your Georgia Soil and Water Conservation Commission representative or your county NRCS office for sponsorship information and/or help securing the District Supervisors signature. Refer to the next 2 pages for contact information.



# Georgia Soil & Water Conservation Commission



**Please Contact One of Our Regional Offices  
if You Have Questions or Need Help Locating  
Your Local Soil and Water Conservation District**



**Georgia NRCS Offices by County  
Quick Directory January 2014**

<b>County Office Name &amp; Phone</b>	<b>County Office Name &amp; Phone</b>	<b>County Office Name &amp; Phone</b>
Appling Baxley (912) 367-4368	Fayette McDonough (770) 957-5705	Oglethorpe Washington (706) 678-2630
Appling Seven Rivers RC&D (912) 367-7679	Floyd Rome (706) 291-5651	Paulding Dallas (770) 792-0594
Atkinson Pearson (912) 422-3492	Forsyth Gainesville (770) 536-6981	Peach Byron (478) 827-0016
Bacon Alma (912) 632-4832	Franklin Broad River (706) 376-5451	Pickens Calhoun (706) 629-2582
Baker Newton (229)734-5823	Fulton Marietta (770) 792-0594	Pierce Blackshear (912) 449-5303
Baldwin Eatonton (706) 485-2341	Gilmer Limestone Valley (706) 745-2794	Pike Zebulon (770) 567-2007
Banks Commerce (706) 335-7145	Glascok Louisville (478) 625-7771	Polk Rome (706) 291-5651
Barrow Oconee River (770) 307-3030	Glynn Brunswick (912) 265-8043	Polk Rolling Hills RC&D (770) 749-0444
Bartow Cartersville (770) 387-5189	Gordon Calhoun (706) 629-2582	Pulaski Hawkinsville (478) 783-1391
Ben Hill Fitzgerald (229) 468-7491	Grady Bainbridge (229) 246-8282	Putnam Eatonton (706) 485-2291
Berrien Nashville (229) 686-2363	Greene Greensboro (706) 453-7021	Quitman Cuthbert (229) 732-6211
Bibb Fort Valley (478) 827-0016	Gwinnett Lawrenceville (770) 963-9288	Rabun Blairsville (706)745-2794
Bleckley Cochran (478) 934-8682	Habersham Clarkesville (706) 754-2272	Randolph Cuthbert (229) 732-6211
Brantley Brunswick (912) 265-8043	Hall Gainesville (770) 536-6981	Richmond Augusta (706) 724-2247
Brooks Quitman (229) 263-4909	Hall Chest. Chat. RC&D (706) 894-1591	Richmond CSRCD (706) 547-4045
Bryan Richmond Hill (912) 459-2350	Hancock Greensboro (706) 453-7021	Rockdale Lawrenceville (770) 963-9288
Bulloch Statesboro (912) 871-2605	Haralson Carrollton (770) 832-8942	Schley Americus (229) 924-4056
Burke Waynesboro (706) 554-5183	Harris Hamilton (706) 628-5813	Screven Sylvania (912) 564-2207
Butts Jackson (770) 957-5705	Hart Hartwell (706) 376-5451	Seminole Donalsonville (229) 524-5450
Calhoun Morgan (229) 849-3900	Heard Newnan (770) 251-4283	Spalding McDonough (770) 957-5705
Camden Brunswick (912) 265-8043	Henry McDonough (770) 957-5705	Stephens Toccoa (706) 779- 2134
Candler Metter (912) 685-5255	Houston Perry (478) 987-2280	Stewart Americus (229) 924-4056
Carroll Carrollton (770) 832-8942	Irwin Fitzgerald (229) 468-7491	Sumter Americus (229) 924-4056
Catoosa Lafayette (706) 638-1558	Jackson Commerce (706) 335-7145	Talbot Buena Vista (229) 649-3131
Charlton Waycross (912) 285-5975	Jasper Monticello (706) 342-1315	Taliaferro Greensboro (706) 453-7021
Chatham Richmond Hills (912) 459-2350	Jeff Davis Baxley (912)367-4368	Tattnall Statesboro (912) 871-2605
Chatt. Buena Vista (706) 989-2007	Jefferson Louisville (478) 625-7771	Taylor Byron (478) 827-0016
Chattooga Rome (706) 291-5651	Jenkins Millen (478) 982-4058	Telfair McRae (912) 868-6164
Cherokee Canton (678) 493-6069	Johnson Wrightsville (478) 864-2810	Terrell Dawson (229) 995-5811
Clarke Monroe (770) 267-1359	Jones Gray (706) 342-1315	Thomas Thomasville (229) 228-0459
Clay Cuthbert (229) 732-6211	Lamar Barnesville (770) 358-0787	Tift Tifton (229) 382-4776
Clayton McDonough (770) 957-5705	Lanier Lakeland (229) 482-3440	Toombs Lyons (478) 526-6633
Clinch Nashville (229) 686-2363	Laurens Dublin (478) 275-0425	Towns Blairsville (706) 745-2794
Cobb Marietta (770) 792-0594	Lee Leesburg (229) 759-6035	Treutlen Swainsboro (478) 237-8037
Coffee Douglas (912) 384-4811	Liberty Richmond Hill (912) 459-2350	Treutlen Pine Country RC&D (912) 529-6652
Colquitt Moultrie (229) 985-5399	Liberty Coastal GA RC&D (912) 459-2070	Troup Newnan (770) 251-4283
Columbia Augusta (706) 724-2247	Lincoln Washington (706) 678-2630	Troup Two Rivers RC&D (706) 885-0101
Cook Nashville (229) 686-2363	Long Richmond Hill (912) 459-2350	Turner Ashburn (229) 567-3994
Coweta Newnan (770) 251-4283	Lowndes Valdosta (229) 242-0841	Twiggs Eastman (478) 374-8140
Crawford Fort Valley (478) 827-0016	Lumpkin Gainesville (706) 536-6981	Union Blairsville (706) 745-2794
Crisp Cordele (229) 273-9563	Macon Oglethorpe (478) 472-6561	Upson Barnesville (770) 358-0787
Dade Trenton (706) 657-4174	Madison Commerce (706) 335-7145	Walker LaFayette (706) 638-2207
Dawson Gainesville (770) 536-6981	Marion Buena Vista (229) 649-3131	Walton Monroe (770) 267-1359
Decatur Bainbridge (229) 246-8282	McDuffie Thomson (706) 595-1339	Ware Waycross (912) 285-5975
DeKalb Lawrenceville (770) 963-9288	McIntosh Richmond Hill (912) 459-2350	Warren Louisville (478) 625-7771
Dodge Eastman (478) 374-8140	Meriwether Newnan (706) 251-4283	Washington Sandersville (478) 552-6073
Dooly Cordele (229) 443-0182	Miller Colquitt (229) 758-2496	Wayne Jesup (912) 427-2502
Dougherty Albany (229) 430-8509	Mitchell Camilla (229) 336-1451	Webster Preston (229) 828-2015
Douglas Douglasville (770) 832-8942	Monroe Forsyth (770) 358-0787	Wheeler Alamo (912) 568-7331
Early Blakely (229) 723-3825	Montgomery Mt. Vernon (912) 583-4432	White Toccoa (706) 865-2912
Early Golden Triangle RC&D (229) 723-3841	Morgan Madison (706) 342-1315	Whitfield Lafayette (706) 278-7906
Echols Nashville (229) 686-2363	Murray Lafayette (706) 638-2207	Wilcox Rochelle (229) 369-7926
Effingham Springfield (912) 754-3812	Muscogee Columbus (706) 322-1112	Wilkes Washington (706) 678-2630
Elbert Elberton (706) 283-3021	Newton Covington (770) 786-4236	Wilkinson Dublin (478) 275-0425
Emanuel Swainsboro (478) 237-8037	Newton Covington SS (478) 994-6548	Worth Sylvester (229) 776-4488
Evans Statesboro (912) 871-2605	Oconee Watkinsville (706) 769-3990	
Fannin Blairsville (706) 745-2794	Oconee Oconee RC&D (706) 769-7922	



**This Page must be filled out completely!**

**RETURN THIS PAGE WITH YOUR APPLICATION.**  
**ANSWER ALL INFORMATION COMPLETELY BEFORE SUBMITTING APPLICATION.**  
**IF NO RESPONSE, INDICATE WITH [N/A]. Phone numbers are required.**

**Fee and Required Medical Information Form must accompany application.**

### Required Medical Information

*Please print clearly. This information will be kept on file in the Natural Resources Conservation Workshop Headquarters.*

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Basic information is needed in an emergency so proper medical attention may be given during the workshop. Please provide the information below and submit any other information you feel is applicable. Include a copy of your health insurance card, if available.**

- (1) Drug Allergies \_\_\_\_\_
- (2) Other Allergies \_\_\_\_\_
- (3) Is there a history of heart disease, diabetes, epilepsy, rheumatic fever, asthma, or other serious conditions? \_\_\_\_\_  
Please list condition(s) and note any special conditions. \_\_\_\_\_
- (4) Have you been diagnosed with any other health/behavior disorders (ADD, ADHD, etc.)? \_\_\_\_\_  
Please list diagnosis and note any special conditions. \_\_\_\_\_
- (5) Are there any physical restrictions? \_\_\_\_\_  
Please describe \_\_\_\_\_
- (6) Date of last tetanus immunization \_\_\_\_\_
- (7) Are you taking any medications (non-prescription) at the present time? \_\_\_\_\_  
If yes, please list type of medications. \_\_\_\_\_
- (8) Name of Family Physician \_\_\_\_\_ Phone \_\_\_\_\_
- (9) Names of persons (other than a parent or guardian) that may be contacted in case of an emergency (print or type):
  1. Name \_\_\_\_\_ Phone \_\_\_\_\_
  2. Name \_\_\_\_\_ Phone \_\_\_\_\_

#### PARENTAL/LEGAL GUARDIAN CONSENT AND RELEASE FROM LIABILITY

I/We, the undersigned parent(s)/legal guardian(s) of the above identified minor, do hereby consent to his/her participation in the workshop named above and do forever release, acquit, discharge, and agree not to sue Natural Resources Conservation Workshop staff and sponsors, its members individually, and its officers, agents and employees from all claims, demands, rights, and causes of action of whatever kind or nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property and the consequences thereof, resulting from participation in and in any connection with such workshop.

In the event that my child becomes ill or sustains injury while in the care of the Natural Resources Conservation Workshop staff, I give permission to administer first aid to him/her. I also give permission to admit my child to any hospital for such treatment as deemed necessary.

Signed \_\_\_\_\_ Date \_\_\_\_\_ Relationship \_\_\_\_\_

#### THIS BLANK MUST BE COMPLETED:

My transportation will be by \_\_\_\_\_  
 Example: Bus, van, parents, etc. (personal cars cannot be driven to the workshop.)



## **District-Sponsored Bus Boarding Pass!**

**This page is needed if you are riding a district-sponsored bus!**

**Register online at [www.abac.edu/nrcw](http://www.abac.edu/nrcw) to ride the District-sponsored buses.  
Bus routes are also on website.**

# **Natural Resources Conservation Workshop Bus Transportation--Medical Information Sheet**

Current medical information is needed in case of an emergency during bus transportation. Please complete the blanks below and submit other information you feel is applicable.

Participant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_ Race \_\_\_\_\_

Home Address: Street or P. O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Evening \_\_\_\_\_ Daytime \_\_\_\_\_ Other Phone \_\_\_\_\_

Drug Allergies \_\_\_\_\_ Other Allergies \_\_\_\_\_

Date of Last Tetanus Immunization \_\_\_\_\_ Date of physical examination \_\_\_\_\_

Any of the following conditions exist:

Heart Conditions \_\_\_\_\_, Diabetes \_\_\_\_\_, Epilepsy \_\_\_\_\_, Rheumatic Fever \_\_\_\_\_, ADD/ADHD \_\_\_\_\_, Other \_\_\_\_\_

Are there any physical restrictions? \_\_\_\_\_ If yes, describe: \_\_\_\_\_

Are you taking any medications at the present time? Yes \_\_\_\_\_ No \_\_\_\_\_ List: \_\_\_\_\_

Name of Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event that my child becomes ill or sustains injury while in route to or from the Natural Resources Conservation Workshop, I give permission to administer first aid to him/her. I also give permission to admit my child to any hospital for such treatment as deemed necessary.

Signature-Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

NAME OF TWO PERSONS OTHER THAN PARENTS/LEGAL GUARDIAN THAT MAY BE CONTACTED IN CASE OF EMERGENCY.

Name \_\_\_\_\_ Phone:( ) \_\_\_\_\_

Name \_\_\_\_\_ Phone:( ) \_\_\_\_\_

**◆ Give this page to your bus driver before boarding district-sponsored bus ◆**

# Natural Resources Conservation Workshop

- ☐ Fill out the application completely and sign. *Your signature on page 1 is mandatory.*
- ☐ Have parent/guardian sign pages 1, 5 and 6 of the application.
- ☐ Did your District Supervisor sign page 2 of the application?
- ☐ Is the Medical information page answered completely? If an answer doesn't apply in the medical information, respond by filling in the blank with N/A. Include a copy of your health insurance card, if available.
- ☐ Did you include *all* phone numbers on your application?
- ☐ Did you include two emergency contacts on your application with phone numbers?
- ☐ If you need to ride a Soil and Water Conservation District (SWCD) sponsored bus, **did you register on-line at [www.abac.edu/nrcw](http://www.abac.edu/nrcw)?**
- ☐ If you are riding a SWCD sponsored bus to camp, did you remember to complete page 6 of the application and **keep it with you as a bus-boarding pass?**
- ☐ If your parent/guardian is transporting you to camp, it is not necessary to complete page 6 of the application. **You will not be able to drive your personal vehicle to the workshop.**
- ☐ Make your check for \$150 payable to: Natural Resources Conservation Workshop

Mail the check and pages 1, 2, and 5 to:

**NRCW  
ABAC 8  
2802 Moore Highway  
Tifton, GA 31793-260**