



## YOUTH LAW CAMP Registration Form

### STUDENT INFORMATION

Student Full Name: \_\_\_\_\_ Student Age: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip code: \_\_\_\_\_

Student Current Grade: \_\_\_\_\_ School: \_\_\_\_\_

List any allergies or special dietary, medical or other conditions/needs of the Student: \_\_\_\_\_

Student mode of transportation: \_\_\_\_\_ walking \_\_\_\_\_ drive-self \_\_\_\_\_ parent/guardian pick-up \_\_\_\_\_ (or)  
Authorized Person Name: \_\_\_\_\_

### PARENT/LEGAL GUARDIAN INFORMATION

Parent/Legal Guardian's Name: \_\_\_\_\_

Emergency Contact Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Emergency Email Address: \_\_\_\_\_

As Parent/Legal Guardian of the student named above, I give my permission for the student named above to fully participate in the Magistrate Court Youth Law Camp held annually at 874 N. Main Street NW, Conyers, Georgia 30012 (770) 278-7800.

I have reviewed the rules and standards of behavior for the activity and agree that the student named above will abide by them and honor the authority of the New Rock Legal Society and Magistrate Court of Rockdale County (hereafter referenced as the hosting organizations). I acknowledge that if the student named above is released early from the event because of any disciplinary problem, I agree to immediately pick up the student from the event location or, at my expense, arrange for the student to be transported from the event at my expense and under my complete responsibility.

I agree not to hold the host organizations or their agents and/or invitees liable for damages, losses or injuries incurred by the student named above or myself. Further, I give permission to the hosting organizations to appropriately use any pictures or images of my child taken while participating in this activity in connection with any media publicity, social media, advertisement or marketing actions undertaken by the hosting organizations or their agents and/or invitees.

I understand that in the event of an emergency, illness or injury involving the student named above, every attempt will be made to contact me immediately at the emergency telephone number and email address that I provided above. In the event that I cannot be immediately reached when such as a condition occurs on the activity date, I hereby give my permission for the hosting organizations to secure emergency transport and/or medical attention for the student named above, from a physician, medical clinic, hospital, trained nurse, EMT or first responder selected by the hosting organizations as deemed necessary. I further agree that the hosting organizations and their agents will not be held responsible for injuries or damages arising from the provision of any such emergency medical treatment. I understand that as a parent/legal guardian, I will be responsible for the cost of any service of treatment provided. I have read this document, I understand its contents, and I agree to its terms:

\_\_\_\_\_  
Signature of Parent or Legal Guardian  
Date: \_\_\_\_\_

\_\_\_\_\_  
Print Name of Signing Parent or Legal Guardian