

**2019 FORESTRY CAMP APPLICATION**  
**June 2nd - 7th at Fall Creek Falls State Park Group Camp 2**  
(Please type, or print clearly)

Student Name: \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Soph \_\_\_ Junior \_\_\_

Home Address (street): \_\_\_\_\_  
(City, Zipcode): \_\_\_\_\_

Emergency Contact: Name: _____ Phone: _____
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Nametag (if different): \_\_\_\_\_

School: \_\_\_\_\_ FFA Chapter: \_\_\_\_\_

CTE Teacher name: \_\_\_\_\_ County: \_\_\_\_\_

CTE Teacher cell: \_\_\_\_\_

T-shirt size: <input type="checkbox"/> Small   <input type="checkbox"/> Medium   <input type="checkbox"/> Large   <input type="checkbox"/> X large   <input type="checkbox"/> XX large   <input type="checkbox"/> XXX large (check one)
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**IMPORTANT:** There is a registration fee of **\$80** per camper; **\$100 late** registration after May 1  
Please make check payable to **Tennessee Department of Agriculture**. Do not send cash.

*Campers who attended last year are ineligible to attend this year.*

**Applications must be postmarked by April 30** or late registration fee will apply.

FORESTRY CAMP DOES NOT PROVIDE INSURANCE COVERAGE FOR CAMPER'S FOR EMERGENCY MEDICAL TREATMENT. All campers must furnish proof of personal medical insurance. Any deductible must be paid by the policy holder.

Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_ Expiration date: \_\_\_\_\_

Name/phone of physician: \_\_\_\_\_

Does the student have any of the following? (fill in where applicable)

Severe allergy (list) \_\_\_\_\_

Severe reaction to bee sting?

Heart condition  Diabetes  Asthma  Epilepsy

Athletes foot  Other contagious condition \_\_\_\_\_

Allergies to foods or drugs? \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Will the student be under medication at Camp? \_\_\_\_\_ If yes, explain:

Are there any other medical conditions that might affect the student at camp?  
\_\_\_\_\_

List any restrictions to medical treatment:  
\_\_\_\_\_

Any other pertinent information or special instructions:  
\_\_\_\_\_

**AUTHORIZATION FOR MEDICAL TREATMENT OF MINOR**

Permission is hereby granted for \_\_\_\_\_ to attend Tennessee Forestry Camp and to receive the usual services of a physician, surgeon, dentist, or registered nurse in case of illness or injury. This includes transport to a hospital, as deemed necessary by the camp staff or on medical advice. I understand that Forestry Camp does not carry accident insurance for campers and certify that the above camper is covered by medical insurance that will allow him/her to receive necessary emergency care in the event of injury or illness. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician, surgeon, dentist or registered nurse in the exercise of his/her judgment, may deem advisable for my child. Further, I understand my child will be participating in a hazardous recreational activity that may result in injury. I agree to pay for my child's medical expenses, including the cost of emergency medical services, if he or she is injured. I understand that effort will be made to contact me prior to rendering treatment to my child, but any of the above treatment or emergency services will not be withheld if I can not be reached.

I have read, understand and approve the **AUTHORIZATION TO TREAT A MINOR.**

\_\_\_\_\_  
Signature of parent or guardian      Name of parent or guardian: (PRINT) \_\_\_\_\_  
\_\_\_\_\_  
Date      Address: \_\_\_\_\_  
Telephone: Home \_\_\_\_\_ Work/Cell: \_\_\_\_\_

**VISUAL MEDIA CONSENT**

I give the Tennessee Department of Agriculture, Division of Forestry (TDA) and Tennessee Forestry Camp permission to make photographs, digital or video recordings, films or other likenesses of me, my child or legal ward. I hereby grant to TDA and Forestry Camp the unrestricted right to copyright any of the above-mentioned materials containing images of me or my child or legal ward as well as the unrestricted right to use and reuse them, with their caption information, in whole or in part, in any manner, for any purpose and in any medium now known or hereinafter invented. These rights include, but are not limited to, the right to publish, copy, distribute, alter, license and publicly display these materials and images for editorial, trade, marketing and/or advertising purposes. I also grant to TDA and Forestry Camp and its licensees the unrestricted right to use and disclose my name in connection with use of the above materials.

I understand and agree that I will not be paid for any use described above.

I also waive, and release and discharge the TDA and Forestry Camp, its officers, employees and/or agents from, any and all claims arising out of or in connection with any use of the materials, caption information and images described above, including any and all claims for libel, defamation and/or invasion of privacy or publicity. I realize I cannot withdraw my consent after I sign this form and I realize this form is binding on me and my heirs, legal representatives and assigns.

I have read, understand and approve the **Visual Media Consent.**

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

**INDEMNITY AND HOLD HARMLESS**

I further agree to indemnify and hold harmless the State of Tennessee, the Tennessee Department of Agriculture, the Tennessee Forestry Camp, its officers and employees from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorneys fees, exclusive of those allowed by law, brought as a result of my child's involvement in the Tennessee Forestry Camp.

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

**Teachers: collect and return completed applications by April 30, with check(s) for registration fee(s) of \$80 per camper (payable to TENNESSEE DEPARTMENT OF AGRICULTURE) to...**

**Tim Phelps, Forestry Division, PO Box 40627, Melrose Station, Nashville, TN 37204.  
phone: 615-428-5913; email: Tim.R.Phelps@tn.gov (cc: Savannah.Motl@tn.gov)**