



RICHLAND CONSERVATION DISTRICT
2020 Hampton Street - P. O. Box 192
Columbia, SC 29202
(803) 576-2080 - Fax (803) 576-2088

Board of Commissioners

H. Heath Hill, Chairman Lewis Gunter, Vice-Chairman Kenneth Mullis Sec. /Treas. John V. Green Hemphill Pride III

March 14, 2006

2006 SOUTH CAROLINA INSTITUTE FOR NATURAL RESOURCE CONSERVATION

The South Carolina Institute for Natural Resource Conservation will be held June 19-23, 2006 at Lander University. Applications are now being accepted from students currently in grades 11 or 12 through the Richland Conservation District.

There are many exciting changes planned for this year as we take the Workshop to a new level. We have made significant changes in the agenda and in the level of instruction. Participants who successfully complete this Workshop will receive one hour of college credit. This is being done through Lander University and will be transferable to other universities or colleges that accept credits from Lander University.

Our new agenda will take the delegates through every aspect of natural resource management, giving unprecedented access to technology and places that are affecting resource management. Instructional strategies focus heavily on experimental, hands-on learning. Instructional time is organized in such a manner as to be predominantly outside of a traditional classroom setting. Field and laboratory studies are now featured aspects of the curriculum.

The tuition per delegate will be \$250.00, which includes the cost of materials, lodging, meals, etc. We have local sponsors to defray a large portion or possibly all of the cost for each delegate.

Applications are due to the Richland Conservation District, Richland 2020 Hampton St., Room 3063A, P. O. Box 192, Columbia, SC 29202 by April 21, 2006, and are accepted on a first-come basis. A \$50.00 deposit will be required from delegates who are accepted. This deposit will be refunded upon completion of the Workshop.

If you know students who would be interested in this Workshop, please pass on this information. If you have any questions, please call me at 576-2083.

Sincerely,

Mary Jane Henderson
Education Coordinator

Enclosure

E-Mail Address: soilandwater@richlandonline.com

Application

2006 South Carolina Institute for Natural Resource Conservation
Lander University – June 19- June 23

Participant name: _____

Mailing address: _____

Email address: _____

Home phone: _____

Emergency contact: _____

(name, relation) _____

Emergency phone: _____

Parent / Guardian: _____

Address if different: _____

Email address: _____

Participant profile

Date of birth: _____ Social Security No: _____

Sex: _____ Current grade level: _____ Graduation date: _____

Tee shirt size (circle) S M L XL XXL

Accomplishments _____

and extracurricular _____

activities _____

Your interest in conservation and natural resources: _____

Use additional sheets if needed on the previous questions.

Please answer the following questions in addition to those on the medical forms. Your response will NOT affect your acceptance. This information is needed to insure that we can plan adequately for your health and safety.

Allergies: please list _____

Physical limitations _____

Diet restrictions _____

Special Groups and Campers Medical Form

(required for acceptance)

Group name: South Carolina Institute for Natural Resource Conservation

Participant's name: _____ Male Female (circle one)

Address: _____ SSN _____

_____ Date of Birth _____

Full name of parents or guardians: _____

Home phone: _____ Work phone: _____

Cellular phone: _____ (name of phone user) _____

Name of person to be reached at the work number _____

If the persons above cannot be reached, name of emergency contact and relationship _____

Phone number: _____

Name of family health insurance company _____

Name of primary policy holder _____

Policy Number _____

By my signature I give permission for the staff or campus health provider to administer the following over the counter medications: (please list all) _____

I specifically forbid the administration of the following over the counter medications (list) _____

Signed (parent or guardian) _____ Date _____

Printed name of parent or guardian _____

MEDICAL HISTORY

List all medications participant currently takes: _____

List all medical conditions currently under treatment: _____

Please note that the following information must be completed and signed by the sponsoring Conservation District before the participant named herein can be processed and accepted.

Review of application information to insure that complete and accurate information is provided has been done by (Name of staff) _____ Date _____ Signatures of parents or guardians and of the participant are required in several places. Information such as Social Security Numbers (SSN) are also required.

Payment accompanies this application in the amount of \$ _____ . Check No. _____

The applicant named herein was approved by the _____ Conservation District

Signature of District staff processing this application _____

Signature of Program Coordinator reviewing this application _____

Signature of Conservation District Chairman _____

Printed name of Commissioner _____ Date signed _____

Participant Checklist:

- All blanks completed legibly? _____
- Social Security Number printed correctly? _____
- Emergency contact names and numbers correct and legible? _____
- Medical form complete, including prescribed medications? _____
- Are there any special restrictions or additional information that the SCINRC staff will need to adequately safeguard the participant during the week? _____ If so, use a separate sheet to explain.
- Are all required signatures in place? _____

Conservation District Checklist:

Has a complete review of this application has been performed and corrections or additions made where required? Include the participant questions above plus:

- Original signature of the District staff member processing the form in place? _____
- Original signature of the DNR staff member assigned to the District in place? _____
- Original signature of the District Chairperson in place? _____
- Payment for the registration(s) included with the application? _____ If no, attach explanation or justification.

FOR SCINRC STAFF

Received by the SCINRC Staff on _____ by _____

Comments/Special Instructions/Information _____

Has participant lost a paired organ such as an eye or kidney? If yes, explain, _____

Is participant allergic to any medications? If yes, list: _____

Date of last Tetanus immunization: _____

The South Carolina Institute for Natural Resource Conservation has made arrangements at the campus health center for treatment of minor injuries or illnesses which may occur while your son or daughter is participating in the program. The paragraph which follows specifically addresses your consent for treatment. There is a limited insurance policy covering all participants during the program. Your signature below indicates that you recognize that the South Carolina Institute for Natural Resource Conservation, through the aforementioned health center, limited insurance, or otherwise, will not be responsible for pre-existing conditions. Your signature further indicates that you have provided all pertinent information to the medical questions to insure the proper treatment of your child should the need arise.

The law requires that parental consent be obtained for medical treatment of minors. Your signature below indicates your consent for such procedures as are deemed necessary by medical personnel so that no unnecessary delays occur and so that prompt treatment may be rendered. No operative procedure, except in an emergency, will be performed without direct contact with you or your designated representative. I hereby give permission for such diagnostic, therapeutic, or emergency operative procedures as may be deemed necessary for my son or daughter. I further authorize the release of any medical information required to process insurance claims requests or supplies for services required. I understand that I am financially responsible for any and all charges incurred which are not covered by the Institute's agreement with campus health providers or the limited insurance policy.

Signed: (parent or guardian) _____ Relationship _____ Date _____

Please note, the signatures below are required for acceptance to the 2006 South Carolina Institute for Natural Resource Conservation.

The SCINRC will provide 24 hour supervision of all participants for the duration of the event beginning after registration on Monday and until dismissal on Friday. At no time will a participant be allowed to leave the group unattended for any reason.

I / We, the undersigned, agree to comply with the rules and guidelines of the South Carolina Institute for Natural Resource Conservation (SCINRC). I / We fully recognize the authority of the Director to dismiss any participant for health, safety, or disciplinary reasons. I / We recognize that violations of the law related to drugs or alcohol will be dealt with through local law enforcement. Please note that the SCINRC is being conducted on state owned educational facilities and that weapons of any sort are strictly prohibited.

The participant whose signature appears below has permission to participate fully in all activities of the SCINRC, including swimming and the use of recreational facilities as provided through the program. Limitations are listed in the medical and profile sections of the application form.

I / We fully absolve the SCINRC, its sponsors, staff, and Lander University of any liability in connection with the medical treatment, including hospitalization, for the participant whose signature appears below.

In the event that a participant is required to (or voluntarily wishes to) leave the program prior to the end of the event, the following persons are permitted to pick up the participant. Please note that the participant will NOT be released to a person not listed in this form.

Name(s): _____

Signature of Participant: _____ Date: _____

Signature of Parent or Guardian: _____