

REGISTRATION FORM

CAMP DATE

JULY 15 = 18

CAMP COST

(mark appropriate choice)

STUDENT:

- Commuter \$175
 Resident \$240

APPLICATION INFORMATION AND DEADLINE

Applications will **NOT** be processed until form has been completed, signed, copy of insurance and \$80 deposit paid. Registration form and tuition must be postmarked no later than June 29, 2012.

For additional information contact: Debbie Miller, Director (254) 968-9617, Camp staff (254) 968-9130;
 email: facamp@tarleton.edu, or visit our website: www.tarleton.edu/summercamps.

Mail payment and application to: Director of Summer Camps, Debbie Miller
 Tarleton State University
 P O Box T-0320, Stephenville, TX 76402

INDIVIDUAL INFORMATION (please print clearly)

Name _____

Mailing Address _____

City _____ State _____ Zip _____ Home phone: _____

Grade in Spring 12 _____ Gender: *female/male* Date of birth: _____ Parent Name: _____

Two phone #'s where parents can be reached at all times: () _____ () _____

School Name _____ ISD _____

☞ Voice Part (mark one): Soprano Alto Tenor Bass

Housing (mark one in each category):
 I will commute stay in residence hall
 I am a camper director

Roommate preference: _____

🎵 ROOMMATE REQUEST **MUST** BE SUBMITTED ON THIS FORM. ALL ROOMMATES WILL BE ASSIGNED BY SUMMER CAMPS STAFF IF THE ROOMMATE PREFERENCE IS LEFT BLANK. EVERY EFFORT WILL BE MADE TO GRANT ROOMMATE REQUESTS, BUT THEY ARE **NOT** GUARANTEED.

PAYMENT POLICY

Payment in full with application is encouraged. A non-refundable deposit of **\$80** is due with the application. The deposit will be applied to the cost of the camp. No post-dated checks will be accepted.

PLEASE MAKE PAYMENT(S) PAYABLE TO: TARLETON STATE UNIVERSITY.

Payment type: Money Order School/Booster Club check *must include tax ID#* _____

Personal checks: No personal checks will be accepted without the following information:

Drivers license number, signer's date of birth, current address, and name of the camper.

Credit cards for full amount. No credit cards will not be taken at the door.

For credit card payment, either complete the following or call 254-968-9130 to give information on the phone.

Visa Mastercard Discover

Credit card # _____ V-Code(3 digit) _____

Card Holder _____ Name on card _____

Expiration date _____ Amount _____

REFUND POLICY

The \$80 deposit is non-refundable. No refunds will be given after start of camp. In order to receive a refund, the parent/guardian must complete a refund form, which may be obtained from the director of summer camps, or on the Summer Camps website at www.tarleton.edu/summercamps. Refund request must be made no later than one week after the close of camp. Please allow 6-8 weeks for your refund.



Signature of Parent/Guardian _____ Print Name: _____ Date: _____

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MEDICAL INFORMATION

The following is to be completed and signed by parent/guardian or by camper (if camper is 18 years of age or above). To be admitted to camp this form **MUST** be completed and signed. Circle appropriate answers below.

Camper Name: _____ Parent Name: _____

Is the camper/minor allergic to any medication? Yes No *If yes, please list:* _____

Will the camper/minor be taking any medication at the time of camp? Yes No *If yes, please list:* _____

The camper/minor will bring prescription/over the counter medications to camp. Yes No *If yes, please list:* _____

The camper/minor has permission to take prescription drugs brought to camp/prescribed at camp. Yes No _____

Please list any medical conditions (asthma, diabetes, food allergies, etc.) _____

My child has permission to take over the counter medicines (Tylenol, Ibuprofen, etc.) as deemed necessary by the camps nurse/physician. Yes No _____

Family Doctor _____ Phone _____

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INSURANCE INFORMATION/MEDICAL POLICY

The Fine Arts Summer Camps provides a non-comprehensive health insurance policy that is intended to assist parents with medical bills. Campers are covered for the duration of the camp they attend. The Fine Arts Summer Camps medical coverage is for accidents only; parents will be responsible for all medical bills in regards to illness. **A COPY OF THE CAMPER'S (PARENTS) INSURANCE CARD (FRONT AND BACK) MUST BE PROVIDED WITH THE CAMPER'S APPLICATION.**

Insurance Company _____ Policy Number _____

Address _____ Phone # _____

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Signature of Parent or Guardian or participant (if 18 and over) **Date**

TOTAL OF FOUR (4) PAGES FOR TARLETON APPLICATION & MEDICAL.



WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT AUTHORIZATION FORM

1. **EXCULPATORY CLAUSE.** In consideration for receiving permission to participate in any and all activities of Fine Arts Summer Camps (herein referred to as "activity"), which is sponsored by Tarleton State University (herein referred to as "sponsor"), a member of The Texas A&M University System, I hereby release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes sponsor, The Texas A&M University System, the Board of Regents for The Texas A&M University System, and their members, officers, servants, agents, volunteers, or employees (herein referred to as **RELEASEES** or **INDEMNITEES**) from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me while participating in such activity, while traveling to and from the activity, or while on the premises owned or leased by **RELEASEES**, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES.** I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct. I further acknowledge that Tarleton State University and the Fine Arts Summer Camps has established rules and regulations pertaining to conduct, behavior and activities of all camp participants and I/participant/minor will be responsible for knowledge of and agree to abide by all rules/regulations (rules and regulations can be found on the Fine Arts Summer Camps website at www.tarleton.edu/~sumcam) and accept responsibility for any consequences resulting from failure to adhere to these rules/regulations.

2. **INDEMNITY CLAUSE.** I am fully aware that there are inherent risks to myself and others involved with this activity, and I choose to voluntarily participate in said activity with full knowledge that the activity may be hazardous to me and my property, and to the person and property of others. I acknowledge there may be physically strenuous activities. I know of no medical reason why I should not participate. **I agree to indemnify and hold harmless INDEMNITEES** from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, which may occur to myself, other participants, and third-persons as a result of my participation in said activity, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of INDEMNITEES.**

3. **NO INSURANCE.** I understand that **RELEASEES** do not maintain any insurance policy covering any circumstance arising from my participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage. Sponsor does not carry general liability insurance to cover claims arising from this activity so it seeks a waiver of claims as additional consideration for the right to participate so sponsor, a governmental unit of the State of Texas, can (a) provide the activity at the lowest possible cost to participants; and (b) provide access to a greater number of participants by expending limited resources on program materials rather than on liability insurance.

4. **BINDS HEIRS.** It is my express intent that this agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Texas.

5. **MEDICAL AUTHORIZATION, INDEMNITY FOR MEDICAL EXPENSES, and WAIVER.** I understand **RELEASEES** cannot be expected to control all of the risks articulated in this form and **RELEASEES** may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required, as determined by a medical professional at the medical facility, during my participation in this activity with the understanding that the cost of any such treatment will be my responsibility. I agree to indemnify and hold harmless **INDEMNITEES** for any costs incurred to treat me, even if an **INDEMNITEE** has signed hospital documentation promising to pay for the treatment due to my inability to sign the documentation. I further agree to release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes, **RELEASEES** from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and

expenses, that may be sustained by me while receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES.** I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct. I authorize the camp's medical personnel to administer, if necessary, any nonprescription medicine such as Tylenol, Benadryl, cold/ allergy remedy, etc. while attending camp. I (releasor/indemnitor) agree that camper/minor named above shall bring medications which camper/ minor is currently taking with him/her to the camp, if necessary, and that he/she shall be responsible for safety of said medication as well as consumption of proper dosage of medication, as well as any medications prescribed while at camp. The camper/minor will not share his/her medications with another camper, will not take medications from another camper, and will not take any medications not prescribed to/for the camper/minor. I (releasor/indemnitor) acknowledge that the camper/minor has been informed of these conditions by (parent/guardian). I further authorize qualified medical personnel to administer any prescription drugs and apply any treatment deemed necessary due to accident/illness. I further authorize the release of the participant's medical information for the purpose of treatment/medication.

6. VOLUNTARY SIGNATURE. In signing this agreement I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed; sponsor has not made and I have not relied on any oral representations, statements, or inducements apart from the terms contained in this agreement. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future.

7. APPEARANCES /PROMOTIONAL MATERIALS. I understand that the Fine Arts Summer Camp produces promotional material relating to its camps programs. I understand that I/the participant/minor may be included in photographs and videotapes taken during the camp. Therefore, without reservations or limitations, I, in my own behalf and on behalf of the minor, hereby assign, transfer and grant to the Fine Arts Summer Camps, Tarleton State University and The Texas A&M University System the right to photograph and/or videotape me and further to use my name, face, likeness, voice and appearance and to utilize such materials gathered during the term of the camp, and to use such material for the purpose of advertising and promoting the camp in writing or web based format. I, in my own behalf and on behalf of the minor/participant waive any right to inspect or approve copies of any promotional materials related thereto.

**SIGNING THIS DOCUMENT INVOLVES THE WAIVER OF VALUABLE LEGAL RIGHTS.
CONSULT YOUR ATTORNEY BEFORE SIGNING THIS DOCUMENT.**

SIGNED this _____ day of _____, 20_____.

Participant Signature: _____

Printed Name: _____

Participant's Date of Birth: _____

Parent or Legal Guardian Signature: _____
(If Participant is under 18 years old)

Parent or Legal Guardian Printed Name: _____
(If Participant is under 18 years old)