Please be sure that you have included all of the required signed camp registration forms. Camp applications are considered incomplete until all forms and payment have been received.

- Student Information Form
- Camp Behaviors, Policies, and Rules
- UTSA Photo, Video, Voice, Comment Consent
- UTSA Release and Indemnification Agreement for Participant
- UTSA Medical Release Form

Payments must be made by check addressed to: UTSA

Please mail your completed application and full payment to:

The University of Texas at San Antonio
Attn: Cheri LaBelle, College of Engineering Student Success Center
One UTSA Circle
San Antonio, TX 78249
UTSA Engineering Summer Camp Registration Form

Student Information Form

Name: ___________________________ DOB: ________________________________

Age: _______ School last attended: ____________________________________________

Grade as of Fall 2019: __________ School attending Fall 2019: _______________________

Home address: ___________________________________________________________________________

City: _____________________________ State: ______________ Zipcode: ______________

Parent/Guardian name(s): ________________________________

Parent/Guardian phone number(s): ________________________________

Parent/Guardian Email(s): _________________________________________________

Which camp will you be attending?

**Overnight camp ($550):**

<table>
<thead>
<tr>
<th>Dates</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 16th-21st</td>
<td></td>
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<tr>
<td>June 23rd-28th</td>
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<tr>
<td>July 14th-19th</td>
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<tr>
<td>July 21st-26th</td>
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</table>

**Day camp ($300):**

<table>
<thead>
<tr>
<th>Dates</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>June 17th-21st</td>
<td></td>
</tr>
<tr>
<td>June 24th-28th</td>
<td></td>
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<tr>
<td>July 15th-19th</td>
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<tr>
<td>July 22nd-26th</td>
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</tbody>
</table>

Overnight camp hours:
* Drop off at residence hall- Sunday between 4-6pm
* Pick up- Friday at noon

Day camp hours:
* Monday- Thursday: 9am-5pm
* Friday: 9am-noon

T-Shirt Size(circle one): Adult SM Adult M Adult L Adult XL Adult 2XL

*Complete logistical information will be sent out closer to start date*
UTSA Engineering Summer Camp Registration Form

Camp Behavior, Policies, and Rules

• Participants must wear appropriate attire and shoes.
  1. NO short shorts, skirts, bathing suits
  2. NO flip-flops. Closed toed shoes ONLY
  3. NO spaghetti straps, tube tops, or muscle shirts
  4. NO baggy clothing

• Good conduct is expected at all times. All participants must remain polite and civil towards the other participants and to the instructors/counselors.
• No profanity or fighting will be tolerated in the camp. Disciplinary action for violation of camp rules lie with the Center Director or Program Manager.
• There will be NO horse-playing in the camp classrooms. We are using UTSA classrooms and there will be expensive equipment in the classrooms.
• Cell phone and electronic device usage is not allowed during camp hours, including making phone calls and sending text messages, unless approved by the instructors/counselors. If overnight, cell phones will be allowed after day camp hours.
• Day Camp: Participants may be dropped off as early as 8:45 am and picked up as early as 4:30 pm, but no later than 5pm. There will not be supervision available outside of camp hours unless attending an overnight camp. Parents must sign their child in and out daily or notify staff if they would like to allow their child to sign themselves in and out. If student is driving, you must purchase daily parking pass from the camp director.
• Parents will be contacted if the participant becomes unruly during camp.
• Night Camp: participants will NOT be allowed to leave campus without permission from parent, INCLUDING participants over the age of 18.
• Participants who fail to comply with the camp policies and rules will be dismissed and will not receive a refund. Furthermore, they will be barred from participating in any future camps held by UTSA Engineering.
• Snacks will be provided for all participants
• Day Camp: lunch will be provided each day
• Night Camp: Breakfast-Dinner will be provided Monday-Thursday. Dinner will also be provided Sunday evening, and breakfast will be provided on Friday morning.

I have read the above policies and will comply with the rules during camp hours.

__________________________________  ______________________  ___________
Participants’ name                          Signature                          Date

__________________________________  ______________________  ___________
Print Parent/Guardian name                 Signature                          Date
UTSA Engineering Summer Camp Registration Form

UTSA Photo, Video, Voice, Comment Consent

I am the Parent/Guardian of the above named student who is under 18 years of age and am fully competent to sign this release. I hereby grant UTSA and UTSA Summer Camp the absolute and irrevocable right and permission, with respect to photographs and videos, voice recordings taken and/or comments made by the above named student or in which student may be included with others, to copyright for same; to use, reuse and publish the same in whole or in part in any and all media including use on the world wide web, now or hereafter, and for any purpose whatever for illustration, promotion, art, advertising and trade, and if appropriate, to use student’s name and pertinent education and/or biographical facts as UTSA and UTSA Engineering Summer Camp choose.

I hereby release and discharge UTSA and UTSA Engineering Summer Camp from any and all claims and demands arising out of or in connection with the use of photographs, videos and/or commends, including without limitation any and all claims for libel and invasion of privacy. I have read the foregoing and fully understand its contents. This release shall be binding on me any heirs, legal representatives and assigns.

(Please check one)

_____Has my permission  _____Does not have my permission

Parent/Guardian Name (Printed): ________________________________________________________________

Parent/Guardian Name (Signed): ___________________________ Date: _______________
UTSA RELEASE AND INDEMNIFICATION AGREEMENT FOR PARTICIPANT

<table>
<thead>
<tr>
<th>Full Name of Participant</th>
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<table>
<thead>
<tr>
<th>Student Identification Number if Enrolled at UTSA</th>
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<table>
<thead>
<tr>
<th>Name of Parent/Guardian if Participant is &lt; 18 years old</th>
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<table>
<thead>
<tr>
<th>Address: Street, City and Zip</th>
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<table>
<thead>
<tr>
<th>Age of Participant</th>
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<table>
<thead>
<tr>
<th>Emergency Contact/Phone Number</th>
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<table>
<thead>
<tr>
<th>Parent/Guardian Email address</th>
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<table>
<thead>
<tr>
<th>Description of Activity/Trip (including all associated travel)</th>
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<tbody>
<tr>
<td>UTSA Engineering Summer Camp 2019</td>
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</table>

<table>
<thead>
<tr>
<th>Location of Activity/Trip</th>
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<tr>
<td>BSE, EB, AET, and if overnight, Alvarez Residence Hall/Laurel Village</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Activity/Trip</th>
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</table>

By signing below, I consent to the Participant’s participation in the above-described (“Activity/Trip”) and I certify that there is no medical reason why Participant should not participate in the Activity/Trip. I acknowledge that the nature of the Activity/Trip may expose Participant to hazards or risks that may result in Participant’s illness, personal injury or death, and I understand and appreciate the nature of such hazards and risks. I understand that Participant may have unsupervised access to the internet while on the UTSA campus or while otherwise participating in the Activity/Trip.

Additionally, I understand that (name of transporter) will transport the Participant during travel to and from the location listed above and during any additional or incidental travel associated with the Activity/Trip. If the Participant chooses to drive or to be a passenger in a personally-owned vehicle for any travel associated with the Activity/Trip, my signature below also acknowledges the following:

- I understand that the Institution assumes no liability or responsibility for the use of such vehicle during any such travel and that the Institution has neither inquired about nor confirmed (a) the driving history, training or licensure of the driver or (b) that the vehicle is covered by a private automobile insurance policy;
- I understand that the Institution carries no insurance that could cover any damages, injuries, claims or other liabilities associated with the use of such vehicle during such travel; and
- I further understand that any private insurance policy covering such vehicle or the driver personally will be responsible for any damages, injuries, claims or other liabilities that may arise from the use of the vehicle during any travel associated with the Activity/Trip.

In consideration of Participant being permitted to participate in the Activity/Trip, I hereby accept all risk to Participant’s health, including any injury or death to Participant that may result from such participation, which participation includes all travel associated with the Activity/Trip, and I hereby release UTSA, its governing board, officers, representatives, employees and agents from any and all liability to Participant, Participant’s personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to Participant’s property and for any and all illness or injury to Participant’s person, including his or her death, that may arise from or occur during Participant’s participation in the Activity/Trip, WHETHER CONTRIBUTED TO OR CAUSED BY ANY NEGLIGENCE OF UTSA, ITS GOVERNING BOARD, OFFICERS, EMPLOYEES OR REPRESENTATIVES, OR OTHERWISE.

I further agree to indemnify and hold harmless UTSA, its governing board, officers, representatives, employees and agents from liability for the injury or death of any person(s) and damage to property that may arise, in whole or in part, from Participant’s negligent or intentional act or omission while participating in the described Activity/Trip, WHETHER CONTRIBUTED TO OR CAUSED BY ANY NEGLIGENCE OF UTSA, ITS GOVERNING BOARD, OFFICERS, EMPLOYEES OR REPRESENTATIVES, OR OTHERWISE.

Signature of Participant or Parent/Guardian

Signature of Witness

Signature of Participant’s Parent/Guardian if Participant is under the age of 18

Signature of Witness

Printed Name of Signatory

Printed Name of Witness

Date

Date

Rev. 1/15/18
The medical release, application, and parental waiver should be completed and returned with payment and registration. No camper will be permitted to participate without a parental signature waiver and medical release form. This information is kept confidential. University employees will only use information you provide here if needed.

Name of Camper:________________________________________________________ □Female □Male
Address:
Number and Street (Include apartment #)     City     State     Zip Code
Telephone: (     )___________________________________________     Birthdate:_______ / _______ / _________

EMERGENCY CONTACT INFORMATION
Name:__________________________ Relation:__________________________
Phone (Home):__________________________ (Work):__________________________ (Cell):__________________________
(Area Code) Number (Area Code) Number (Area Code) Number
Additional Emergency Contact:__________________________ Phone:__________________________
(Area Code) Number
☐ I authorize UTSA staff to contact the above person in case of a health emergency.

MEDICAL/INSURANCE INFORMATION
Allergies:__________________________________________________________________________________________
Current Medical Conditions:__________________________________________________________________________
Current Medication(s), including Dosage(s):__________________________________________________________________________
Other pertinent medical information:__________________________________________________________________________
Insurance Company:__________________________ Telephone: (     )__________________________
Group #:__________________________ Policy #:__________________________ ID#:__________________________
Phone Number (for benefit verification):__________________________
(Area Code) Number

EMERGENCY MEDICAL AUTHORIZATION
I, the undersigned, as the parent or legal guardian of ____________________ (a minor) hereby authorize such diagnostic, medical and/or surgical treatment of such minor as may be considered necessary or appropriate under the circumstances for the treatment of any illness or injury of the minor. The attending physician, appropriate staff, and the University of Texas at San Antonio and its officers, regents, and employees shall not be responsible in any way for any consequences from said diagnostic, medical and/or surgical treatment and are hereby released from any and all costs, claims and causes of action that may arise, grow out of, or be incident to such diagnosis, treatment, or surgery insofar as the law allows and provided that these services are performed with ordinary care and to the best of their ability.

Signature of Parent/Guardian __________________________ Printed Name of Parent/Guardian __________________________ Date __________________________