

Academic Camp

For Office Use Only

___ Liability Form

___ ID Card

___ Registration Form

2009 Registration Form

Student's Name: _____

SS#: _____

Address: _____
Street City State Zip

Telephone: _____ Date of Birth : _____

Name of School you are attending: _____

Grade You Are Entering in the Fall: _____

How Did You Hear About Us? _____

Mother: _____ Father: _____
Name Name

Work Telephone Home Telephone Work Telephone Home Telephone

Dates for the Workshop: June 2 - July 2, 2009

Time: 12:30 p.m. - 4:00 p.m. (**\$ 1.00 per minute for each minute late after 4:15 p.m.**)
Monday - Thursday

Site: Texas A&M International University Campus
5201 University Boulevard, Laredo, TX

Registration Fee: \$300.00

ID Card Fee: \$3.00.....

Late Fee \$50.00: [After May 29, 2009].....

Total Payment Enclosed: _____

Please return this form, the liability form, along with your registration fee. You may mail this information to **TEXAS A&M INTERNATIONAL UNIVERSITY**, Attn. Jennifer Raines, Program Coordinator, Continuing Education, 5201 University Boulevard, Laredo, Texas 78041-1900, or drop it off at Student Center 118. If you have any questions, please call 956.326.2765. **REGISTRATION FEE DEADLINE: MAY 29, 2009.** REGISTRATION FEE received after DEADLINE DATE will be accepted on a space available basis and will be subjected to a \$50.00 LATE REGISTRATION FEE. REFUNDS on cancellations will be charged a \$50.00 processing fee. **NO REIMBURSEMENTS AFTER 1ST CLASS WEEK.** NOTE: Admission into Texas A&M International University is open to all persons regardless of race, color, religion, sex, age, national origin, or educationally unrelated handicaps.

ACEDMIC CAMP

2009 SCHEDULE

DIRECTIONS FOR REGISTERING: SELECT FIRST, SECOND, AND THIRD CHOICE for each session based on the grade that your child will be entering during the 2009- 2010 school year.

Child's Name: _____

Grade Entering _____

P.M. Sessions	1ST - 2ND GRADE	3RD - 4TH GRADE	5TH - 6TH GRADE
SESSION I 12:40 – 1:40	___ NUMBER BLUNDER (MATH) ___ JUST BEAT IT (MUSIC) ___ WEIRD SCIENCE	___ I AM A BOOKWORM (READING) ___ ARTS AND CRAFTS ___ COMPUTER MADNESS	___ WRITING COMPOSITION ___ GO HOLLYWOOD (THEATRE)
SESSION II 1:50 -2:50	___ WRITING COMPOSITION ___ GO HOLLYWOOD (THEATRE)	___ NUMBER BLUNDER (MATH) ___ JUST BEAT IT (MUSIC) ___ WEIRD SCIENCE	___ I AM A BOOKWORM (READING) ___ ARTS AND CRAFTS ___ COMPUTER MADNESS
SESSION III 3:00 – 4:00	___ I AM A BOOKWORM (READING) ___ ARTS AND CRAFTS ___ COMPUTER MADNESS	___ WRITING COMPOSITION ___ GO HOLLYWOOD (THEATRE)	___ NUMBER BLUNDER (MATH) ___ JUST BEAT IT (MUSIC) ___ WEIRD SCIENCE

****PLEASE NOTE THAT IF A CLASS DOES NOT HAVE ENOUGH STUDENTS TO PROCEED, YOUR CHILD WILL BE PLACED IN A CLASS BASED ON THEIR SELECTION CHIOCE****

Texas A&M International University
Kinder Camp 2009

EMERGENCY INFORMATION

PRINT STUDENT'S NAME: _____ DOB: _____

ADDRESS _____

HOME PHONE _____ CELLULAR _____ PAGER _____

Persons to notify in case of emergency:

(Name) (Home Phone) (Work Phone) (Cell/Pager)

(Name) (Home Phone) (Work Phone) (Cell/Pager)

(Name of primary physician to be contacted should need arise) (Phone)

(Hospital of choice should need arise)

(Please state any underlying medical condition or chronic illness that may be relevant during an emergency)

(Please indicate the names of any medications to which the participant is allergic)

(Please indicate any other allergic reactions participant may have. Ex: Peanuts, bees, ants, etc.)

I give permission for the participant to:

- a. Receive emergency assistance as deemed necessary by TAMIU
- b. Be transported to medical facility of choice if deemed necessary by TAMIU

(Participant Signature if 18 years of age or older) (Date)

(Parent or Legal Guardian's Signature) (Date)

(Parent or Legal Guardian's Signature) (Date)

Note: Any changes/additions/deletions should be made by contacting the TAMIU Office of Special Programs, Jennifer Raines at 956.326.2765 or 956.326.2700 regarding Continuing Education Programs.



WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT AUTHORIZATION FORM

1. **EXCULPATORY CLAUSE.** In consideration for receiving permission to participate in any and all activities of the Summer Camps (herein referred to as “activity”), which is sponsored by the Office of Special Programs (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.

2. **INDEMNITY CLAUSE.** I am fully aware that there are inherent risks to myself and others involved with this activity, including but not limited to walking, using class materials for projects (scissors, glue, paper, etc.), playing with other children, 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.

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. **For students engaging in extracurricular activities:** I understand I can choose not to sign this document and free myself from its terms and the associated risks of the activity by simply not participating in the activity and

choosing some other activity available to me that has a lower level of risk to me. I further understand this is a voluntary, extracurricular activity; therefore it is not required for me to obtain college credits and not participating in this activity will in no way hinder my ability to obtain a degree from the university. **For students going on fieldtrips or other class-related activities:** I understand participation in this class/fieldtrip/activity is not mandatory and I will not be penalized for failing to participate in this activity because an alternative activity exists for which I can receive like credit. While I understand alternative activities are available to me that do not have the risks associated with this activity I still desire to voluntarily engage in this activity.

**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)

INSTRUCTIONS: (1) The document should be printed in a font size no smaller than 10-point type. This is 10-point type. This is 12-point type. (2) The formatting/font style (***bolded, underlined, and italicized***) in paragraph nos. 1, 2, 5 & 6 should not be altered.