

Student Application 2019

Summer Theatre Workshop: *Camp on the Coast*

June 16-29, 2019

Cost

Local commuter..... \$1100

Student staying on campus..... \$1400

A non-refundable **deposit** of \$400 made payable to **Texas A&M University—Corpus Christi** must accompany your application. The application deadline is May 16, 2019. The remaining balance is due at registration on June 16, 2019. The tuition balance can also be mailed prior to the beginning of camp or paid online with a credit card.

120 campers are accepted each summer (60 female and 60 male campers). Capacity is usually reached before the application deadline. Students are accepted on a first come, first serve basis. *If camp is already full when an application is received, the \$400 deposit will be returned.*

Student Information

Please type or print clearly.

Student's Name _____ Grade Level in Fall 2019 _____

Age ___ Birth Date _____ Sex (M or F) ___ High School _____

Home Address _____

City _____ State _____ Zip _____

Student's Email Address _____

Parent's Email Address _____

Father's Name _____

Work phone () _____ Cell phone () _____

Mother's Name _____

Work phone () _____ Cell phone () _____

Area of interest: (*Circle one*) Acting Technical Theatre

Housing: (*Circle one*) Residential/Dorm Commuter/Staying off campus

Do you have a specific roommate request? YES/NO (*Both students must request to room together*)

Name _____

Mail Application, Forms and Deposit to:

Kelly Russell

Department of Theatre & Dance

6300 Ocean Drive, Unit 5724

Corpus Christi, TX 78412 For further information, email kelly.russell@tamucc.edu

**Texas A&M University-Corpus Christi
Youth Program
Medical Emergency Information/Consent for Treatment**

Youth's name: _____
Address: _____
Date of birth: _____
Parent/guardian phone: Home _____ Work _____ Pager/Cellular _____

Medical Information

Allergies: _____
Current medications: _____
Chronic illnesses (i.e. asthma): _____
Date of last tetanus booster: _____
Physician: _____ Physician telephone number: _____

Insurance Information

Does youth have health insurance? No _____ Yes _____
Medical insurance company: _____ Tel. no. _____
Group number/ID number: _____ Name of insured: _____

Person(s) to Notify in Case of Emergency:

Name: _____
Relationship: _____
Street Address: _____
Phone: Day _____ Evening _____ Pager/Cellular _____

Second contact (if first person unavailable)

Name: _____
Relationship: _____
Phone: Day _____ Evening _____ Pager/Cellular _____

Consent for Medical Treatment:

The attending physician, appropriate staff, Texas A&M University-Corpus Christi, the Texas A&M University System, their Board of Regents, officers, employees, representatives and/or agents, and their heirs, successors, and assigns, shall not be responsible in any way for any consequence from diagnostic, medical and/or surgical treatment and are hereby released from any and all 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.

Texas A&M University-Corpus Christi does not carry medical insurance for participants in any of its programs. It is recommended that you have appropriate medical coverage for your child.

I, as parent/legal guardian, grant permission for my child _____ to receive medical treatment.

Signature of parent/legal guardian

Date



THE TEXAS A&M UNIVERSITY SYSTEM

AGREEMENT FOR WAIVER, INDEMNIFICATION, ASSUMPTION OF RISK AND MEDICAL TREATMENT AUTHORIZATION

I, _____, age ____, desire to participate voluntarily in all activities of the _____ (“Activity”), which is sponsored or conducted by or under the auspices of _____ (“Sponsor”), a member of The Texas A&M University System. **I am fully aware that there are inherent risks to myself and others involved with the Activity, including but not limited to illness, injury (including death), and loss of personal property, and I choose to voluntarily participate in the Activity and do voluntarily assume the above mentioned risks as to myself and my property, and to the person and property of others.** I acknowledge that the Activity may be physically strenuous. I know of no medical reason why I should not participate.

HOLD HARMLESS, INDEMNITY AND RELEASE:

For myself, my heirs, personal representatives or assigns, I do hereby release, waive, covenant not to sue, indemnify and agree to hold harmless for any and all purposes the Sponsor, The Texas A&M University System, the Board of Regents for The Texas A&M University System, and their members, officers, agents, volunteers, or employees (“RELEASEES” and/or “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 and conduct in the Activity, while traveling to and from the Activity, or while on the premises owned, leased, or controlled by RELEASEES/INDEMNITEES, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES/INDEMNITEES. I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

NO INSURANCE:

I understand that RELEASEES/INDEMNITEES do not maintain any insurance policy covering any circumstance arising from my participation in the 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 the Activity so it seeks a waiver of claims as additional consideration for my right to participate such that 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.

MEDICAL AUTHORIZATION, INDEMNITY AND WAIVER:

I understand RELEASEES/INDEMNITEES cannot be expected to anticipate or control all of the risks associated with the Activity and RELEASEES/INDEMNITEES may need to respond to illnesses, accidents, injuries, and potential emergency situations. Therefore, **I hereby give my consent for any medical treatment, rescue or evacuation services that may be required** (as determined by Sponsor staff, medics, emergency personnel, or other medical professionals) during my participation in the Activity with the understanding that the cost of any such treatment will be my responsibility. **I, for myself, my heirs, personal representatives or assigns,** agree to indemnify and hold harmless INDEMNITEES for any costs incurred to treat me, even if an INDEMNITEE has signed medical care facility documentation promising to pay for the treatment due to my inability to sign the documentation. **I, for myself, my heirs, personal representatives or assigns,** further agree to release, waive, 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.

VOLUNTARY SIGNATURE AND BINDING OF HEIRS AND ASSIGNS:

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 activity and that not participating in this activity will in no way hinder my ability to obtain a degree from member institutions of The Texas A&M System. **For students going on field trips, foreign travel 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 the Activity I still desire to voluntarily engage in the Activity.

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.

SIGNING THIS DOCUMENT INVOLVES THE WAIVER OF VALUABLE LEGAL RIGHTS.

Should you have any questions about these rights and the ramifications of signing this document you should consult an attorney.

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)



Texas A&M University-Corpus Christi
 Summer Theatre Workshop: *Camp on the Coast*
Parental Authorization and Request Form for Student Pickup/Drop Off

(Optional-this form is only necessary if the student must leave campus during camp.)

Dear Parent(s)/Guardian(s):

During the residential stay of the Summer Theatre Workshop: *Camp On the Coast*, your son/daughter will be living at the Miramar Dorms for two weeks. Through their stay, there may be times when you might need him/her to attend a family gathering or another event. In order for the Summer Theatre Workshop: *Camp On the Coast* Program to release him/her, we ask that you provide a listing of those persons that will be allowed to pick up your child, or give your son/daughter permission to take their own vehicle to the event. Please list exact times and dates the students will be away from camp at another event:

Date _____ Time of departure _____ Time of return _____
 Date _____ Time of departure _____ Time of return _____
 Date _____ Time of departure _____ Time of return _____
 Date _____ Time of departure _____ Time of return _____

Son/Daughter's Name _____

I, _____ And _____ grant permission
 (FATHER/MALE GUARDIAN) (MOTHER/FEMALE GUARDIAN)

for the following people to pickup and drop off my son/daughter from the Summer Theatre Workshop: *Camp On the Coast* program at Texas A&M-Corpus Christi or Miramar Dorms. I understand that only the people I have listed may pick up or drop off my son/daughter after I have notified the Texas A&M-Corpus Christi Department of Communication & Theatre by phone at least two days in advance. If there is an emergency please contact the office immediately. Please include any siblings that may be dropping off or picking up.

PLEASE PLACE YOUR INFORMATION IN THE FOLLOWING TABLE
 THE FOLLOWING PEOPLE ARE ALLOWED TO PICK UP YOUR SON/DAUGHTER

Name & Relationship	Address	Telephone Number

Signature _____

Date: _____

Texas A&M University-Corpus Christi
 TAMU-CC Summer Theatre Workshop: *Camp on the Coast*
STUDENT AUDITION FORM

Name _____ High School _____

Grade level this fall _____ Age _____ Height _____ Weight _____ Hair color _____

Experience: List areas of expertise that pertains to this audition. (Acting, technical, musical, etc.)

Role/Position	Production	Company/Venue/School

Skills You Possess: Acrobatics Magic Tricks Puppetry
 Juggling Dance
 Musical Instrument _____ Other _____

Will you accept any role? YES NO If not, explain:

Notes:

Talent Release

1. I authorize Texas A&M University-Corpus Christi and its agents to photograph, videotape, audio record, televise, duplicate, and/or otherwise record my image, voice, and likeness. I understand that Texas A&M-Corpus Christi will own these recordings.
2. I irrevocably authorize Texas A&M-Corpus Christi and its agents to use, display, publish, and distribute these recordings for any purpose on websites, publications, broadcasts, displays, and any other medium, and to offer these recordings to others for use in non-university mediums.
3. I waive any right to inspect or approve these recordings or material that may be used with them now or in the future, whether that use is known to me or not.
4. I release Texas A&M-Corpus Christi, its regents, employees, and agents from all liability arising out of the use of these recordings, including but not limited to any claims arising out of my right of privacy or right of publicity and any claims based on any distortions, optical illusions, or faculty mechanical reproductions.
5. I understand that I will not be compensated for any use of these recordings.
6. I understand that this is a legal document and represent that I have read it and understand it and am signing it voluntarily.

Signature

Date

Printed Name

Permanent Address

If under age 18, a parent or guardian must complete the following:

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

Relationship

Parent/Guardian Address



Checklist

- _____ The non-refundable \$400 deposit must be mailed with the camp application by May 16, 2019. Checks should be made out to Texas A&M University-Corpus Christi. Payments can be made with a credit card at <http://comptroller.tamucc.edu/marketplace/index.html> After clicking on the link, look on the left hand side of the page and click on the bullet point that says TAMUCC Marketplace Mall. This will take you to a new screen where you can click on the Theater Workshop: Camp on the Coast store.
- _____ Medical Emergency Information/Consent for Treatment form must be completed, signed by a parent or legal guardian, and submitted with the camp application by May 16.
- _____ Waiver, Indemnification, and Medical Treatment Authorization form must be completed, signed by a parent or legal guardian, and submitted with the camp application by May 16.
- _____ A copy (front and back) of the student's medical insurance card must be submitted with the camp application by May 16.
- _____ Parental Authorization and Request Form for Student Pickup/Drop Off should be submitted on or before June 16 only if a student needs to leave the camp at any time after registration and before the end of camp.
- _____ Audition Form must be completed and returned by May 16.
- _____ Talent Release Form must be completed, signed and returned by May 16.
- _____ The tuition balance is due at registration on June 16. The tuition balance can also be mailed or paid online prior to the beginning of camp.