



LAMAR UNIVERSITY

MEMBER THE TEXAS STATE UNIVERSITY SYSTEM™

**TEXAS WORKFORCE COMMISSION (TWC)
CAMP CODE FOR GIRLS**

**RECEIPT OF APPLICATION DEADLINE
MAY 18, 2018**

**PLEASE
SUBMIT
A
SCHOOL
PHOTO**

***IMPORTANT
DATES OF CAMPS***

6TH GRADE CAMP: JULY 2-7, 2018 (OFF FOR JULY 4TH)

7TH GRADE CAMP: JULY 16-21, 2018

8TH GRADE CAMP: JULY 30-AUGUST 4, 2018

***PLEASE REVIEW DATES CAREFULLY FOR THE APPROPRIATE
CAMP FOR YOUR CHILD***

Camp Information:

The TWC Camp Code for Girls are one-week, no cost, academic, day camps for girls entering grades 6-8 in fall 2018 and are designed to provide computer coding/programming hands-on experiences that provide challenging and innovative concepts in learning, problem solving, and analytical skills while fostering an interest in computer coding/programming.

The camp will be held on the campus of Lamar University, 4400 S. MLK Jr. Parkway, Beaumont, Texas 77710. Students will be dropped off at 8:45 in the morning and picked up at 4:45 in the afternoon. Camp hours are from 9:00 am – 4:30 pm Monday through Friday. **Before applying, please be certain that you will be able to drop off and pick up your child on time.**

Application Process:

- Parent/Guardian and student complete requested information on the attached Student Application Form
- Parent/Guardian completes Medical Information Form.

Please return the completed Student Application Form and Medical Information Form per previous instructions by the deadline date of May 18, 2018. If all requested documents are not received by the deadline date, the application will not be considered. **You will be notified if your child has been selected.** Students may be interviewed prior to being selected, if deemed necessary. If you have questions or need additional information, call Rebecca Broussard at 409.880.7786 or email to rlbroussard@lamar.edu.

***Please be advised that submitting an application to the camp does not
guarantee acceptance.***

PLEASE KEEP THIS PAGE FOR YOUR REFERENCE



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TWC CAMP CODE FOR GIRLS

STUDENT APPLICATION FORM 2018

APPLICATION DEADLINE IS MAY 18, 2018

Student Information

Please print in blue or black ink or type. Please provide all requested information.

Name of Student: _____

Home Address: _____

City State Zip Code

Ethnicity: _____ Date of Birth (month/date/year): _____

Student Email Address: _____

Student Cell Phone No.: _____

Gender: Female _____ Male: _____ **Adult** T-shirt Size: _____

CURRENT Grade level _____ School District: _____

Name of School student is **currently** attending: _____

ID # _____

Name of School student **will attend** in 2018-2019 _____

Name of Courses Taken during the **2017-2018** academic year:

Mathematics: _____ Science: _____



Name of Student: _____

School: _____ Current Grade level: _____

Parent/Legal Guardian Information

Instructions: Please complete the following information for at least one custodial parent or legal guardian, both if available.

Name of Parent or Legal Guardian: _____

Employer: _____

Occupation: _____

Daytime Phone No.: _____ Home Phone No.: _____

Cell Phone No.: _____

E-mail Address: _____

Signature of Parent or Legal Guardian

Date

Name of Parent or Legal Guardian: _____

Employer: _____

Occupation: _____

Daytime Phone No.: _____ Home Phone No.: _____

Cell Phone No.: _____

E-mail Address: _____

Signature of Parent or Guardian

Date



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Camper's Name: _____ **Grade Level** _____

Please list **THREE** people who may be contacted in case we cannot reach you in an emergency. These contacts should be people who have a phone number that is different from your own and are able to be immediately reached in case of an emergency. These contacts should also be someone other than parent(s) or legal guardian(s).

1. Name _____

Relationship: _____relative _____neighbor _____friend

Home Phone: _____Work Phone: _____

Cell Phone: _____

2. Name _____

Relationship: _____relative _____neighbor _____friend

Home Phone: _____Work Phone: _____

Cell Phone: _____

3. Name _____

Relationship: _____relative _____neighbor _____friend

Home Phone: _____Work Phone: _____

Cell Phone: _____

Parent's Signature _____ **Date** _____



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Camper's Name _____

General Camper Information

In order to make your child's experience at camp the best possible; we would like some information from you. The camp staff will use the information on this page to enhance your child's camp experience.

- Has your child attended a day camp before? _____ Yes _____ No
If yes, how did he/she cope?

- Does your child have any particular fears? (i.e., the dark, water, animals, etc.)

- Does your child have any disabilities or special challenges? (i.e. physical, emotional, learning, developmental, social or behavioral)

- Does your child have any hobbies or special interests?

- Is there anything else we should know about your child to make his/her time at camp more enjoyable?

**TWC Camp Code for Girls Media Release Form**

I hereby grant permission to TWC Camp Code for Girls at Lamar University and/or its associates, assistants, or subcontractors to photograph/film/interview my child, _____.

It is my understanding that photographs/films/interviews or portions thereof will be used for public view (publications, multimedia production, display, advertisement or world-wide web publication) for the TWC Camp for Girls at Lamar University.

The undersigned agrees that the TWC Camp Code for Girls and its associates may use names, likeness, or biographical information supplied by the undersigned.

I agree to participate in this project without financial remuneration, and I understand that my signature below releases and discharges the TWC Camp Code for Girls, and their agents, officers, volunteers and employees from any future claims and demands, as well as from any liability arising from the use of said photographs/images and interviews.

Name of Child (please print)_____

Address_____

City, State, Zip_____

Area Code & Phone Number_____

Parent or Legal Guardian (please print)_____

Signature of Parent or Legal Guardian_____

Date_____



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TWC CAMP CODE FOR GIRLS

FIELD TRIP/EXCURSIONS APPROVAL

Dear Parents/Legal Guardians,
Field trips/excursions to the following locations have been scheduled. These trips will be made by bus. The dates and times are listed below. Camp staff will accompany this group and will work with the campers to accomplish the educational objectives of this trip. Campers will be supervised **at all times** during these field trips/excursions.

DATE	LOCATION	TIME OF DEPARTURE	TIME RETURNING TO UNIVERSITY	METHOD OF TRAVEL
7/7/18 6th GRADE	NASA/Johnson Space Center Houston	7:30 a.m.	2:00 p.m.	Bus
7/21/18 7th GRADE	NASA/Johnson Space Center Houston	7:30 a.m.	2:00 p.m.	Bus
8/4/18 8th GRADE	NASA/Johnson Space Center Houston	7:30 a.m.	2:00 p.m.	Bus

All field trips/excursions are subject to change.

For your child to participate in this Camp activity, it is required that you complete and sign the bottom part of the form and return it today.

Dr. Otilia Urbina
Executive Camp Director

This is to certify that _____ has my permission to go on the field trips/excursions listed above with this camp group.

In case of emergency, I may be reached at _____
(Telephone-home) Telephone-work)

Signature of Parent/Guardian

Date

**TEXAS WORKFORCE COMMISSION CAMP CODE FOR GIRLS****PARTICIPANT MEDICAL INFORMATION AND RELEASE FORM**

Please print in black or blue ink or type:

Student's Name _____

Date of Birth _____ Gender _____ Age _____

If your child will be taking prescription or over-the-counter medications during camp, the following page must be taken to your child's doctor for his/her signature. All pages of the Participant Medical Information and Release Form must be returned with application package by the deadline date of May 18, 2018.

1. Does the student have any physical complaints or chronic illnesses?

YES _____ NO _____

If yes, please explain below.

2. Is the student under the care of a doctor for any reason?

YES _____ NO _____

If yes, please explain below.

Student's Name _____

3. Is the student being treated with any medications?

YES _____

NO _____

If yes, please list the prescription medication(s) in the chart below.

MEDICATION	PURPOSE	DOSAGE

Please list any nonprescription (over-the-counter) medications the student is taking or is permitted to take during camp including aspirin, acetaminophen, antihistamines, etc.

MEDICATION	PURPOSE	DOSAGE

Doctor's approval is needed for prescription and over-the-counter drugs (aspirin, cold capsules, etc.). Please have doctor sign below.

Physician's Signature: _____

Initial if signed by Nurse or Physician's Assistant

All medications must be in the original container; the pharmacy label must be attached and clearly legibly for prescription drugs. Only include enough medication for the time the child will be attending the camp. Parents must also supply over-the-counter medications in original bottles with labeled directions. The camp does not provide over-the-counter medications to campers. All medications must be turned in when the student checks into the camp each day.

Student's Name _____

HEALTH INSURANCE INFORMATION

The above named student is:

☐ not covered by health and accident insurance.

☐ covered by health & accident insurance.

Please check one of the above.

If your child is covered by health and accident insurance, please provide requested information.

Attach a photo copy of the insurance card.

Policy Holder's Name _____

Relation to Camper _____

Health Insurance Provider _____

Group/Policy Number _____ Plan # _____

Insurance Company's Phone Number _____

Physician _____ Phone Number _____

Preferred Hospital _____ Phone Number _____

DOES YOUR CHILD HAVE A PEANUT ALLERGY? ☐ NO ☐ YES

Allergies: (food, medicines, insects, plants, etc.) ☐ No ☐ Yes **Explain:**

Are immunizations current? ☐ No ☐ Yes

Date of last Tetanus injection: _____

Has camper had a Meningitis shot? ☐ No ☐ Yes

Has your child had any recent surgical operations, accidents or injuries?

☐ No ☐ Yes

If yes, please explain.

Does your child wear glasses? ☐ No ☐ Yes

Does your child wear contact lenses? ☐ No ☐ Yes

Student's Name _____

HEALTH INFORMATION STATEMENT

Please indicate if your child experiences or has experienced any of the following. Attach an additional sheet if additional space is needed for details.

<i>Problem</i>	Yes	No	Details (i.e. how often, usual treatment, warning signs)
Headaches			
Convulsions/Seizures			
Fainting Spells			
Vision Problems			
Hearing Problems			
Breathing Problems (asthma, persistent cough, tuberculosis)			
Heart Problems			
Blood Clotting Problems			
Stomach/Bowel Problems			
Frequent Infections			
Diabetes			
Mental or emotional health issues			
Other:			

I/We hereby authorize the TWC Camp Code for Girls Directors to order emergency medical treatment on behalf of my (our) child if deemed necessary by an adult camp staff member and/or qualified medical personnel. I/We give my/our permission to the adult camp staff of the TWC Camp Code for Girls to act on my/our behalf and administer the necessary medical care to my/our child. It is understood that all attempts possible will be made to contact me/us in the event that emergency care or otherwise is required. I/We understand that health care and accident expenses are not covered by the TWC Camp Code for Girls and will be passed along to me/us.

_____ Parent/Legal Guardian Signature	_____ Date
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_____ Parent/Legal Guardian Signature	_____ Date
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Parent/Legal Guardian Telephone Numbers	Home (_____) _____
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Work (_____) _____	Cell (_____) _____
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Parent/Legal Guardian Telephone Numbers	Home (_____) _____
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Work (_____) _____	Cell (_____) _____
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