

Student Application 2009

Summer Theatre Workshop: *Camp on the Coast*

June 14-27, 2009

Cost

Local commuter..... \$700

Student staying on campus..... \$945

A non-refundable **deposit** of \$250 made payable to **Texas A&M University—Corpus Christi** must accompany your application. The application deadline is May 14, 2009. The remaining balance is due at registration on June 14, 2009. We can not accept credit card payments.

100 campers are accepted each summer (50 female and 50 male campers). Capacity is usually reached before the application deadline. Students are accepted on a first come, first serve basis.

Student Information

Please type or print clearly.

Student's Name _____ **Grade Level in Fall 2009** _____

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

Home Address _____

City _____ State _____ Zip _____

Email Address _____

Father's Name _____ Home phone () _____

Work phone () _____ Cell phone () _____

Mother's Name _____ Home phone () _____

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 and Deposit to:

Kelly Russell
Department of Communication & Theatre
6300 Ocean Drive, Unit 5722
Corpus Christi, TX 78412-5722

For further information, email kelly.russell@tamucc.edu or call (361) 825-5992.

**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



WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT AUTHORIZATION FORM

1. EXCULPATORY CLAUSE. In consideration for receiving permission to participate in any and all activities of TAMUCC Summer Theatre Workshop: Camp on the Coast (herein referred to as “activity”), which is sponsored by Texas A&M University-Corpus Christi (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 movement class, stage combat, production rehearsals, set construction, 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 (or limited insurance policies) 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 ALL 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.

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

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: