

# **Teacher Internship Application 2008**

## **Summer Theatre Workshop: *Camp on the Coast***

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June 15-28, 2008

### **Cost**

Teacher staying on campus..... \$650

A non-refundable **deposit** of \$250 made payable to **Texas A&M University—Corpus Christi** must accompany your application. The remaining balance is due by June 15, 2008. We cannot accept credit cards.

### **Deadlines**

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The application deadline is May 15, 2008. The remaining balance is due June 15, 2008.

### **Teacher Information**

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Please type or print clearly.

Name \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Home phone (     ) \_\_\_\_\_ Work phone (     ) \_\_\_\_\_

Cell phone (     ) \_\_\_\_\_

Do you have a specific roommate request? YES/NO

Roommate Name \_\_\_\_\_

### **Mail Application and Deposit to:**

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

For further information, email [kelly.russell@tamucc.edu](mailto:kelly.russell@tamucc.edu)

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

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Social security number: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Pager/Cellular \_\_\_\_\_

**Medical Information**

Allergies: \_\_\_\_\_  
Current medications: \_\_\_\_\_  
Chronic illnesses: \_\_\_\_\_  
Date of last tetanus booster: \_\_\_\_\_  
Physician: \_\_\_\_\_ Physician telephone number: \_\_\_\_\_

**Insurance Information**

Do you 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.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Texas A&M University-Corpus Christi**  
**Youth Program**  
**Waiver of Liability and Consent to Participate**

I, \_\_\_\_\_, understand and agree that the officially-sponsored activities of A&M-CC involve certain known risks, including but not limited to, transportation accidents, personal injuries, and loss or destruction of my property. I understand and agree that A&M-CC cannot be expected to control all or said risks. In consideration of the benefits I will receive through my participation in the activities of (THE UNIVERSITY, STUDENT ORGANIZATIONS, YOUTH PROGRAMS, ETC.), I hereby expressly and knowingly **RELEASE A&M-CC, ITS OFFICERS, AGENTS, VOLUNTEERS, AND EMPLOYEES FROM ANY AND ALL CLAIMS AND CAUSES OF ACTION I MAY HAVE FOR PROPERTY DAMAGE, PERSONAL INJURY OR DEATH SUSTAINED BY ME ARISING OUT OF ANY TRAVEL OR ACTIVITY CONDUCTED BY, OR UNDER THE AUSPICES OF A&M-CC, WHETHER CAUSED BY MY OWN NEGLIGENCE OR THE NEGLIGENCE OF A&M-CC, ITS OFFICERS, AGENTS, VOLUNTEERS, OR EMPLOYEES.**

I hereby give my consent for any medical treatment that may be required during my participation with the understanding that the cost of any such treatment will be my responsibility.

**Further, I voluntarily and knowingly agree to HOLD HARMLESS, PROTECT, AND INDEMNIFY A&M-CC, its officers, agents, volunteers, and employees, against and from any and all claims, demands, or causes of action for property damage, personal injury or death, including defense costs and attorney's fees, arising out of my participation in the activities of A&M-CC, REGARDLESS OF WHETHER SUCH DAMAGES, INJURY, OR DEATH ARE CAUSED BY MY OWN NEGLIGENCE, OR MY THE NEGLIGENCE OF A&M-CC, ITS OFFICERS, AGENTS, VOLUNTEERS, OR EMPLOYEES.**

A&M-cc shall notify me promptly in writing of any claim or action brought against it in connection with my participation in these activities. Upon such notification, I or my representative shall promptly take over and defend any such claim or action.

I HAVE READ AND UNDERSTOOD THIS DOCUMENT, AND MY SIGNATURE EVIDENCES MY INTENT TO BE BOUND BY ITS TERMS.

Participants Name: (please print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_