

2013 STEM SUMMER INSTITUTE: UNDERWATER ROBOTICS

Camper Application

All applicants must be at least 16 years old on arrival date.



APPLICANT INFORMATION

Last Name		First		M.I.	Birth Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Student Cell #		Student E-mail Address			
Social Security No.		Citizenship		Primary Language	
Race/Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> African-American <input type="checkbox"/> Asian-Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> Other Please Specify _____					
How did you hear about the Engineering Recruitment Summer Program? <input type="checkbox"/> Counselor <input type="checkbox"/> Teacher <input type="checkbox"/> Flyer <input type="checkbox"/> University Letter <input type="checkbox"/> Other					
Name of Current High School			County		
GPA (4.0 Scale)		Math SAT Scores (PSAT may be considered if no SAT scores)			
T-shirt Size? <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL		Past TAMUCC Camper <input type="checkbox"/> No <input type="checkbox"/> Yes Please name camp _____			

PERSONAL STATEMENT (limit to 400 words addressing the following questions)

Why are you applying to the STEM Summer Institute? What are your educational and career goals? How will this experience help you meet these goals? Describe any past experiences that have led you to your interest this experience.

PARENT/GUARDIAN INFORMATION

<u>FIRST CONTACT</u>					
Last Name		First		Relationship to Camper	
Street Address				Apartment/Unit #	
City		State		ZIP	
Home Phone		E-mail Address			
Work Phone			Cell Phone		
<u>SECOND CONTACT</u>					
Last Name		First		Relationship to Camper	
Street Address				Apartment/Unit #	
City		State		ZIP	
Home Phone		E-mail Address			
Work Phone			Cell Phone		

PHOTO/MEDIA RELEASE

I grant permission to Texas A&M University – Corpus Christi and persons acting for and through them, the right to use, reproduce, and/or distribute photographs, films, videotapes and sound recordings involving the participation of the individual identified on this for at the STEM Summer Institute for use in promotional materials they may create.

Yes No

Signed X _____ Date _____
 (Participant parent or legal guardian)

METHOD OF PAYMENT

Cost

Application Fee (non-refundable)..... \$35
Cost of attendance..... \$500

A **non-refundable application fee** of \$35 (checks only please, made payable to **Texas A&M University—Corpus Christi**) must accompany this application. A \$250 deposit upon acceptance will be required to secure your position and the remaining \$250 balance is due at check-in. The entire balance can be paid in full upon acceptance if desired.

40 campers are accepted each summer (20 per session). Capacity is usually reached before the application deadline. Students are accepted based on their SAT (PSAT will be reviewed) scores and on a first come, first serve basis.

Make all **checks** payable to: Texas A&M University – Corpus Christi. Please write in STEM Summer Institute on the Memo portion of the check.

Mail to: STEM Summer Institute @ TAMUCC
Attn: Korinne Caruso
College of Science and Engineering
6300 Ocean Dr. Unit 5797
Corpus Christi, TX 78412-5797

Check # _____
Amount of Payment: \$ _____
Balance Due: \$ _____

Scholarships

Scholarships are available to campers who need financial assistance. Please call the program coordinator to inquire about eligibility at (361) 825-6025.

DISCLAIMER AND SIGNATURE

By signing I/we understand that:

- The STEM Summer Institute is not responsible for my child's personal property. A list of needed items will be provided prior to the opening of the program. The STEM Summer Institute strongly recommends that campers do not bring valuable items (MP3 players, expensive cameras, musical instruments, jewelry, or fancy clothing, etc.).
- The Camp Director reserves the right to dismiss a camper whose physical condition, mental condition, behavior, personal conduct, or influence on other campers is deemed detrimental to the camp atmosphere. Should my child be dismissed, the deposit and/or unused camp fees will NOT be refunded.
- I/We understand that part of the experience involves activities, group living arrangements and interactions that may be new to my child. These things come with certain risks and uncertainties beyond what my child may be used to dealing with at home. I/We am aware of these risks, and I/We assume them on behalf of my child. I/We realize that no environment is risk-free. I/We have instructed my child on the importance of abiding by the program's rules. My child and I/We both agree that he/she is familiar with these rules and will obey them.
- I give permission for my child to participate in activities outside the University grounds as planned by the staff and as approved by the STEM Summer Institute.

Please print and sign this completed application and mail with payment to the STEM Summer Institute.

Applications without complete information or the nonrefundable application fee will not be processed.

Signed X _____ Date _____
(Participant parent or legal guardian)

The STEM Summer Institute is a non-discriminatory program. Rules for acceptance and participation in the camp program are the same for everyone without regard to race, color, national origin, age, sex, or handicap.

Mail Application, Forms and Application Fee to:

STEM Summer Institute @TAMUCC
Attn: Korinne Caruso
College of Science and Engineering
6300 Ocean Drive, Unit 5797
Corpus Christi, TX 78412-5797

For further information, email Korinne.Caruso@tamucc.edu

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

Youth's name: _____
Mailing 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

Texas A&M University-Corpus Christi
STEM Summer Institute: *Underwater Robotics*
Parental Authorization and Request Form for Student Pickup/Drop Off

Dear Parent(s)/Guardian(s):

During the residential stay of the STEM Summer Institute: Underwater Robotics, your son/daughter will be living at the Miramar Dorms for one week. 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 STEM Summer Institute: Underwater Robotics 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 STEM Summer Institute: Underwater Robotics 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 STEM Institute's program coordinator 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: _____



WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT AUTHORIZATION FORM

1. **EXCULPATORY CLAUSE.** In consideration for receiving permission to participate in any and all activities of **STEM Summer Institute: Underwater Robotics** (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 _____, 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.

TAMUS-OGC-APPROVED 08/29/2006

Checklist

- _____ The non-refundable **\$35** application fee must be mailed **with the camp application**. Checks should be made out to *Texas A&M University – Corpus Christi*. (*Memo section: write STEM Summer Institute.*)
- _____ **Personal Statement (400 word minimum)**: Addresses the questions identified in the application, is typed in 12 pt. font, double-spaced and submitted with the camp application.
- _____ **Medical Emergency Information/Consent for Treatment** form **MUST** be completed, signed by a parent or legal guardian, and submitted with the camp application.
- _____ **Waiver, Indemnification, and Medical Treatment Authorization** form **MUST** be completed, signed by a parent or legal guardian, and submitted with the camp application.
- _____ A copy (front and back) of the student's **medical insurance card** must be submitted with the camp application.
- _____ **Parental Authorization and Request Form for Student Pickup/Drop Off** should be submitted on or before June 17 **only if** a student needs to leave the camp at any time after registration and before the end of camp.

NOTE: A \$250 deposit to secure your position is required upon acceptance to the camp. The remaining tuition balance of \$250 is due at check-in. The tuition balance can also be paid in full upon acceptance if desired.