



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: _____

_____ : _____ 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.

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,
_____.

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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

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, acet

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.

Relation to Camper _____

Health Insurance Provider _____

Group/Policy Number _____ Plan # _____

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?

