

The University of Texas at San Antonio  
Department of Criminal Justice  
Summer Camp 2016



Dates June 20-24, 2016

Application Deadline: May 13, 2016

**STUDENT INFORMATION**

Student's First Name \_\_\_\_\_ M.I. \_\_\_\_ Last Name \_\_\_\_\_ Name tag Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_ Grade Next Fall \_\_\_\_

Cell phone (\_\_\_\_) \_\_\_\_\_ Age (as of camp opening date) \_\_\_\_ Birthdate (mm/dd/yyyy) \_\_\_\_\_  
Male \_\_\_\_ Female \_\_\_\_

Student's Current School \_\_\_\_\_ School District \_\_\_\_\_

I acknowledge that the Criminal Justice Summer Camp is a **DAY CAMP ONLY** and that no housing is provided or available on campus for participants (parent or guardian signature): \_\_\_\_\_

**The Department of Criminal Justice does not tolerate cases of vandalism, fighting, substance use, or other violations of camp and University safety regulations. No weapons of any kind (knives, guns, etc.) will be tolerated. No refunds are given for cases of expulsion from camp. The participant has no right or legal entitlement to remain and the camp reserves the right to expel a student on these or any other grounds.**

**PARENT/GUARDIAN INFORMATION**

Mother's name \_\_\_\_\_ Mother's day phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Father's name \_\_\_\_\_ Father's day phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Alternative Emergency Contact Name & Phone Number \_\_\_\_\_

- Participants **MUST** be 16 to 18 years of age at the time of designated camp session.
- Camp is limited to **rising juniors and seniors**.
- All applications are due **May 13, 2016**, students will be notified by mail no later than **May 31, 2016** if they have been selected.
- This is a **DAY CAMP ONLY**; no housing is available or provided on campus.

**TUITION and FEES**

The 2016 Criminal Justice Camp requires **\$200** tuition. Camp is limited to 22 students. Acceptance is determined by completed application materials; it is not first come, first served.

Mail this application to:  
UTSA, Department of Criminal Justice 501 Cesar E. Chavez Blvd. San Antonio, TX 78207  
ATTN: Robert Rico, Camp Coordinator  
OR Email it to Rhonda Johnson at  
rhonda.johnson@utsa.edu

**SPECIAL DIETARY NEEDS INFORMATION**

\_\_\_\_\_ All foods \_\_\_\_\_ Vegetarian only

Food Allergies Describe reaction and management of the reaction

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Restrictions—List all that apply

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**T-SHIRT INFORMATION**

T-Shirt Size: Adult: S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_

Adult XXL \_\_\_\_\_ Adult XXXL \_\_\_\_\_

## **STUDENT'S PERSONAL STATEMENT**

**This is a one page explanation by the student stating why they wish to attend the camp and what they hope to gain from the experience. Please PRINT your answer on this sheet only.**

## RECOMMENDER INFORMATION

Each student is required to obtain two letters of recommendation to attend camp. This can be provided by a principal, vice-principal, counselor, or teachers.

Student's Current School \_\_\_\_\_ School District \_\_\_\_\_

Student's Recommender \_\_\_\_\_ Position \_\_\_\_\_

Brief Statement indicating why/how this student would benefit from attending the camp.

Recommender's Signature \_\_\_\_\_ Date \_\_\_\_\_

Recommender's Telephone # \_\_\_\_\_ Email \_\_\_\_\_

## RECOMMENDER INFORMATION

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Student's Current School \_\_\_\_\_ School District \_\_\_\_\_

Student's Recommender \_\_\_\_\_ Position \_\_\_\_\_

Brief Statement indicating why/how this student would benefit from attending the camp.

Recommender's Signature \_\_\_\_\_ Date \_\_\_\_\_

Recommender's Telephone # \_\_\_\_\_ Email \_\_\_\_\_

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**June 20-24, 2016**

**Mature Content & Behavior Release**

Information for Parents and Students

The Criminal Justice Camp will be attempting to introduce interested youth in a variety of fields involved in the Criminal Justice System. Students will be attending lectures on a variety of subjects at the University as well as traveling to secure facilities for supervised tours. These tours may include the Bexar County Court House, Federal Bureau of Investigations Office, San Antonio Police Department Crime Scene Lab, and the San Antonio Police Academy. A certain level of maturity and decorum is required in these venues since students will be interacting with professional instructors, police, doctors, lawyers, judges, and possibly clients of the system. Please ensure that your son or daughter realizes the importance of these interactions in terms of behavior and dress.

We would like to take this opportunity to advise you that we are attempting to maintain content that is suitable for students of this age group while still exposing them to the multifaceted field of Criminal Justice. Facility tours may expose them to material to which they have not yet been exposed. An example would be our tour of the Medical Examiner's Office which may involve a walk through the morgue section and analysis room. We will attempt to prepare students for these events and will make modifications for those students who wish to be removed for brief periods during such situations. We appreciate you verifying that you still wish your students to be involved in such venues for their learning opportunities.

Parent/legal guardian signature \_\_\_\_\_

Print name \_\_\_\_\_ Date \_\_\_\_\_

Student's signature \_\_\_\_\_

Print name \_\_\_\_\_ Date \_\_\_\_\_

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**Medical Release Form**

Student's Name \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Mother's name \_\_\_\_\_ Mother's day phone \_\_\_\_\_  
Father's name \_\_\_\_\_ Father's day phone \_\_\_\_\_  
Guardian's name \_\_\_\_\_ Guardian's day phone \_\_\_\_\_  
Mother's cell phone \_\_\_\_\_ Father's cell phone \_\_\_\_\_ Guardian cell phone \_\_\_\_\_  
Alternative Emergency Contact Name(s) & Phone Number(s) \_\_\_\_\_

**CONSENT FOR THE TREATMENT OF A MINOR**

*The following release must be signed by the parents or guardians before the student can attend the camp.*

We, the undersigned, as the parent or legal guardian of \_\_\_\_\_ (a minor), hereby authorize such diagnostic, medical and/or surgical treatment of a minor as may be considered necessary or appropriate under the circumstance for the treatment of any illness or injury of the minor. We hereby release and otherwise hold harmless the attending physician, appropriate staff, and The University of Texas at San Antonio and its officers, regents and employees from legal liability or any consequences from said diagnostic, medical, and/or surgical treatment, and thereby 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 provides that these services are performed with ordinary care and the best of their ability.

Parent/legal guardian signatures \_\_\_\_\_

Print name \_\_\_\_\_ Date \_\_\_\_\_

**MEDICAL INFORMATION RELATED TO MINOR**

Allergies \_\_\_\_\_

Current Medications \_\_\_\_\_

Date of last Tetanus booster \_\_\_\_\_

Pertinent medical history (attach additional documents if necessary)

\_\_\_\_\_

\_\_\_\_\_

Please list any past illnesses (contagious and non-contagious): \_\_\_\_\_

Please list any operations or serious injuries (include dates): \_\_\_\_\_

Has student ever been hospitalized? \_\_\_\_\_

Does student have any chronic or recurring illness? \_\_\_\_\_

Is there anything else in the student's health history that the camp staff should know?

\_\_\_\_\_

Are there any activities from which the student should be restricted? \_\_\_\_\_

Will the student be taking any medication at camp? \_\_\_\_\_

Does the student wear any medical appliances (glasses, contact lenses, orthodonture, etc.)? \_\_\_\_\_

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**UTSA PHOTO, VIDEO, AND COMMENT RELEASE**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

UTSA STATUS:  Student  Visitor

**GENERAL RELEASE**

I, \_\_\_\_\_, hereby grant UTSA the absolute and irrevocable right and permission, with respect to photographs and videos taken of me and/or comments made by me or in which I may be included with others, to copyright for same; to use, reuse and publish the same in whole or in part in any and all media including use on the world wide web, now or hereafter, and for any purpose whatever for illustration, promotion, art, advertising and trade, and if appropriate, to use my name and pertinent education and/or biographical facts as UTSA chooses.

I hereby release and discharge UTSA from any and all claims and demands arising out of or in connection with the use of photographs, videos and/or comments, including without limitation any and all claims for libel or invasion of privacy.

I am of full age and have the right to contract in my own name. I have read the foregoing and fully understand its contents. This release shall be binding on me and my heirs, legal representatives and assigns.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**IF UNDER 18 YEARS OLD:**

Student's Name: \_\_\_\_\_

I am the Parent/Guardian of the above named student who is under eighteen years of age and am fully competent to sign this release. I hereby grant UTSA the absolute and irrevocable right and permission, with respect to photographs and videos taken and/or comments made by the above named student or in which student may be included with others, to copyright for same; to use, reuse and publish the same in whole or in part in any and all media including use on the world wide web, now or hereafter, and for any purpose whatever for illustration, promotion, art, advertising and trade, and if appropriate, to use student's name and pertinent education and/or biographical facts as UTSA chooses.

I hereby release and discharge UTSA from any and all claims and demands arising out of or in connection with the use of photographs, videos and/or comments, including without limitation any and all claims for libel or invasion of privacy.

I have read the foregoing and fully understand its contents. This release shall be binding on me and my heirs, legal representatives and assigns.

Has my permission  Does not have my permission

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**CRIMINAL JUSTICE SUMMER CAMP PAYMENT FORM**

Submit your \$200 payment to the Department of Criminal Justice  
Durango Building (DB), room 4.112.

Account Code: CJFC

Amount Paid: \_\_\_\_\_

Name of Student: \_\_\_\_\_  
Last First

Method of Payment:

- Check or Money Order (enclosed)
- Credit Card (2% processing fee for credit card payments. UTSA does **NOT** accept VISA.)

**Credit Card Payment Information**

Payment Date:		Cardholder Banner ID # (If applicable):			
Cardholder Name:			Cardholder Phone #:		
Credit Card Type:	<input type="checkbox"/> MasterCard®	<input type="checkbox"/> Discover®	<input type="checkbox"/> American Express®	<input type="checkbox"/> Visa®*	
Card #:					
Expiration Date:		CVC/CVV/CID # (3 or 4-digit):		Credit Card Billing Zip Code:	
Credit Card Payment Amount:	<b>\$200.00</b>				
Credit Card Discount Charge (2.0%):	<b>\$4.00</b>				
Total Payment Amount (The sum of the credit card payment amount and the credit card discount fee):	<b>\$204.00</b>				

# **UTSA Department of Criminal Justice Summer Camp 2016**

**Camp dates: June 20-24, 2016**

**Application Check List** *Your application packet should include the following items when sent in:*

- Student Application**
- Student Personal Statement**
- 2 Letters of Recommendation**
- Mature Content & Release Form**
- Medical Release Form**
- UTSA Photo, Video, and Comment Release Form**
- Camp Payment Form**

**\*INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.  
Application Deadline: May 13, 2016**

**Mail this application to:**  
UTSA, Department of Criminal Justice  
501 Cesar E. Chavez Blvd.  
San Antonio, TX 78207  
ATTN: Robert Rico, Camp Coordinator

OR

**Email this application to:**  
Rhonda Johnson at  
[rhonda.johnson@utsa.edu](mailto:rhonda.johnson@utsa.edu)  
210-458-2535