

UTSA Department of Criminal Justice Summer Camp 2017

Camp dates: June 5-9, 2017

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 5, 2017**

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
210-458-2535

**The University of Texas at San Antonio
Department of Criminal Justice
Summer Camp 2017**



Dates June 5-9, 2017

Application Deadline: May 5, 2017

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 5, 2017**, students will be notified by mail no later than **May 15, 2017** if they have been selected.
- This is a **DAY CAMP ONLY**; no housing is available or provided on campus.

TUITION and FEES

The 2017 Criminal Justice Camp requires **\$250** tuition. Camp is limited to 22 students. Acceptance is determined by completed application materials; it is not first come, first served.

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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 _____

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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 \$250 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:	\$250.00				
Credit Card Discount Charge (2.25%):	\$5.63				
Total Payment Amount (The sum of the credit card payment amount and the credit card discount fee):					\$255.63