The University of Texas at San Antonio  
Department of Criminal Justice  
Summer Camp 2019

Dates July 15-19, 2019  
Application Deadline: May 31, 2019

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 c ases
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 31, 2019, students will be notified by mail no later than June 7, 2019 if they have been
selected.
• This is a DAY CAMP ONLY; no housing is available or provided on campus.

TUITION and FEES
The 2019 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.

Mail this application to:
UTSA, Department of Criminal Justice 501 Cesar E. Chavez Blvd. San Antonio, TX 78207
ATTN: Henry Meade, 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 _____
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 __________________________
The University of Texas at San Antonio
Department of Criminal Justice
Summer Camp 2019

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.)? ___________________________
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: ____________________________
The University of Texas at San Antonio
Department of Criminal Justice
Summer Camp 2019

July 15-19, 2019

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 (enclosed)
☐ Money Order (enclosed)
☐ Credit Card (2% processing fee for credit card payments. UTSA now does accept VISA.)

Credit Card Payment Information

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<tr>
<th>Payment Date</th>
<th>Cardholder Banner ID # (If applicable)</th>
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<tbody>
<tr>
<td>Cardholder Name:</td>
<td>Cardholder Phone #:</td>
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<td>Card #:</td>
<td>CVC/CVV/CID #: (3 or 4-digit):</td>
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<tr>
<td>Credit Card Discount Charge (2.23%):</td>
<td>$5.63</td>
</tr>
<tr>
<td>Total Payment Amount (The sum of the credit card payment amount and the credit card discount fee):</td>
<td>$255.63</td>
</tr>
</tbody>
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UTSA Department of Criminal Justice
Summer Camp 2019
Camp dates: July 15-19, 2019

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

☐ Student Application
☐ Student Personal Statement
☐ 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 31, 2019

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

OR

Email this application to:
Rhonda Johnson at
rhonda.johnson@utsa.edu
210-458-2535