





## 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,  
\_\_\_\_\_.

<b>TWC CAMP CODE FOR GIRLS</b>
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<b>FIELD TRIP/EXCURSIONS APPROVAL</b>
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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?

