

CAMP BURKHART

Elementary Students



- WHO:** Children with autism spectrum disorder entering 1st-5th grade
- WHEN:** June 8-12, 2015
8:30 a.m. – 12:00 p.m.
- WHERE:** Burkhardt Center for Autism Education & Research
2902 18th St (located on the Texas Tech campus on 18th St. between Flint and Boston)
- COST:** \$50

Campers will have the opportunity to participate in daily arts & crafts, physical fitness activities, music, and social skills groups. A snack and drink will be provided each day.

Name: _____ Date of Birth: _____ Age: _____

School: _____

Parent Name: _____

Mailing Address: _____

Home Phone: _____ Cell: _____

E-Mail: _____

Emergency Contact Name & Daytime Phone: _____

List any relevant medical conditions: _____

Does your child have any allergies? _____

Does your child have any specific deficits in the area of social skills that are of a concern? _____

Does your child use a communication device? _____

Is there any other information that we should know about your child? _____

T-Shirt size:

YOUTH: medium ____ large ____ **ADULT:** small ____ medium ____ large ____ XL ____

Release

As a volunteer participant of Camp Burkhart, Texas Tech University, my child has the opportunity to participate in Summer Camp, located at Texas Tech University from June 8-12, 2015. My child is not required to participate in this program and I do hereby affirm that my child’s participation is voluntary. I, the undersigned, being of legal guardian /parental care, am aware that the Camp Burkhart sponsored by the Burkhart Center for Autism Education & Research of Texas Tech University involves risk of bodily injury, death, property damage and other dangers associated with participation in such activity. In consideration of the above, I the undersigned, do hereby release, indemnify and agree to hold harmless Texas Tech University, its Board of Regents, the Burkhart Center for Autism Education & Research, its officers, agents and employees, from any and all liability associated with injuries, damages, or death arising or resulting from any act or omission, negligent or otherwise, of Texas Tech University, its officers, agents and employees, or any other person or other participants in said activity or while in transit. The terms hereof shall also serve as a release and assumption of risk for my heirs, executor and administrator, and for all members of my family. I further agree to indemnify, release and hold harmless Texas Tech University, its Boards of Regents, its agents and employees from and against any and all liability for death, personal injury or damage to my child and any and all property. I give my consent for any medical treatment that may be required during Camp Burkhart, and understand that the cost of such treatment will be mine. I grant full permission for the Center and Texas Tech University to use photos, videos, film, or any record of the Activity in which I (or my child) may appear for any purpose related to the Center or Texas Tech University. This release and assumption of risk is contractual and not a mere recital. I further state I have carefully read the foregoing release and assumption of risk and know and understand the contents thereof, and I sign the same as my own free act.

Printed Name of Parent or Legal Guardian: _____

Signature of Parent or Legal Guardian: _____ Date: _____

Mail check along with registration form to: **Burkhart Center for Autism Education & Research**
Texas Tech University
Box 41071
Lubbock, TX 79409

Questions? **Contact Susan Volland at 806-834-1331 or**
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