CAMP BURKHART

Middle School Students



WHO:	Youth with autism spectrum disorder entering 6 th -8 th grade				
WHEN:	June 22-26, 2015 1:00 p.m. – 4:00 p.m.				
WHERE:	Monday, June 22	Burkhart Center	2902 18 th St.		
	Tuesday, June 23	Burkhart Center	2902 18 th St.		
	Wednesday, June 24	Burkhart Center	2902 18 th St.		
	Thursday, June 25	Science Spectrum	2579 S Loop 289		
	Friday, June 26	Main Event	6010 Marsha Sharp	Fwy	
COST:	\$50				
Main Event	ess, and social activities. A		·		pizzu ut
School:					
Mailing Addre	ess:		····		
Home Phone:		Cell:			
E-Mail:					
Emergency Co	ontact Name & Daytime Phono	e:			<u>-</u>
List any releva	ant medical conditions:				
Does your chil	ld have any allergies?				-
Does your chil	ld have any specific deficits in	the area of social skills th	nat are of a concern?		

Does your child use a communication device?

Is there any other information that we should kno	ow about your child?
T-Shirt size:	
YOUTH: large	edium large XL 2XL
<u>Release</u>	
at various locations in Lubbock from June 22-26, 2015. my child's participation is voluntary. I, the undersign sponsored by the Burkhart Center for Autism Education damage and other dangers associated with participat release, indemnify and agree to hold harmless Texas Research, its officers, agents and employees, from any any act or omission, negligent or otherwise, of Texas participants in said activity or while in transit. The term and administrator, and for all members of my family. Boards of Regents, its agents and employees from and any and all property. I give my consent for any medications of such treatment will be mine. I grant full permit record of the Activity in which I (or my child) may appear.	ch University, my child has the opportunity to participate in Summer Camp, located My child is not required to participate in this program and I do hereby affirm that ned, being of legal guardian /parental care, am aware that the Camp Burkhart in & Research of Texas Tech University involves risk of bodily injury, death, property tion in such activity. In consideration of the above, I the undersigned, do hereby Tech University, its Board of Regents, the Burkhart Center for Autism Education & and all liability associated with injuries, damages, or death arising or resulting from Tech University, its officers, agents and employees, or any other person or other as hereof shall also serve as a release and assumption of risk for my heirs, executor I further agree to indemnify, release and hold harmless Texas Tech University, its diagainst any and all liability for death, personal injury or damage to my child and all treatment that may be required during Camp Burkhart, and understand that the design for the Center and Texas Tech University to use photos, videos, film, or any tear for any purpose related to the Center or Texas Tech University. This release and all. I further state I have carefully read the foregoing release and assumption of risk 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 Voland at 806-834-1331 or susan.voland@ttu.edu

