

HELLO!

Thank you for contacting us! We are happy to hear that your child will be able to join us at “**Science In The Sun**” camp here at **Texas Tech University Outdoor School in Junction**.

Camp will run from **June 12 - 15 / 8a – 12noon** daily. We’ll be studying butterflies, birds, biodiversity, and various other things that surround the S. Llano River. (Yes, that includes a kayak trip.) To top off the week there will be a Family Cookout and Star Party Thursday evening, June 15, 2017 starting around 6:30p.

Since we will be outside the majority of the time, we suggest campers bring:

- Long pants: jeans or other rugged pants.
- Shorts: will be limited to river activities
- Closed-toe, durable shoes (No flip-flops, crocs, or sandals, please)
- Extra socks in a zippered bag for the river
- Sweatshirt, windbreaker, or rain gear (just in case)
- Insect repellent
- Sunscreen and lip balm
- Hat/Visor, sunglasses
- Plastic bag for dirty/wet clothing
- Re-fillable water bottle

Please do NOT bring:

- Electronics or phones
- Candy, gum, or soft drinks
- Pocket knives or other sharp objects

Camp Cost is \$50 per student.

To make sure we get you registered, please fill out the **Registration / Permission Form** and send back to us by e-mail, fax, or UPS. Once received, we will get in touch with you to confirm the registration.

- **E-Mail** / outdoorschool.junction@ttu.edu
- **Fax** / 325-446-4011
- **USPS** – Texas Tech University Outdoor School
Spring Break Camps – Koy Coffey
PO Box 186
Junction, TX. 76849

Thanks again for your interested in TTUJOS! We look forward to hearing from you.



Texas Tech University Outdoor School

Science In The Sun Registration & Permission Form

June 12 - 15, 2017



Permission to attend:

I, as parent, guardian or managing conservator (circle one) grant permission for my minor child to participate in The South Llano River Center for Outdoor Learning at Texas Tech University at Junction during the dates indicated. I understand that participation of my child is entirely voluntary and optional on my part. I am aware of the dangers inherent in group activities. In consideration for my child being allowed to participate in this activity, I agree to assume full responsibility for my child's safety and medical treatment. I agree to release, indemnify and hold harmless Texas Tech University, its Board of Regents, officers, agents and employees from any and all liability for personal injury including death or for damage to property that may occur to my child or to others as a result of my child's participation. The terms hereof shall also serve as a release and an assumption of risk for my minor child's heirs, executor and administrator and for all members of my child's family, and may be pleaded as a bar to litigation. Jurisdiction of this matter and venue shall lie in Lubbock, Lubbock County, Texas. I have read this Release and Hold Harmless agreement and understand, and voluntarily accept, its terms. The privilege to go on this trip carries with it the obligation for a student to conduct him/herself in such a way that credit will be reflected upon the student, school, and home represented. Correct dress and behavior for this trip will be observed.

Student's Name: _____

School Name: _____

Gender: Male / Female (circle) Grade (most recently completed): _____

Date of camp: June 12 - 15, 2017 (8a-12noon)

Student Race: (circle)

Hispanic/Latino

Caucasian

Asian

African American

Native American

Pacific Islander

Parent/Guardian Name: _____

Home Phone: _____ Cell phone: _____

Home Address: _____

City _____ State _____ Zip Code _____

Email Address: _____

*Parent's Signature: _____ Date: _____

Publicity:

I hereby grant TTU Outdoor School staff permission to photograph my child and publish pictures taken for my enjoyment and for souvenir purposes. *I understand that by **checking NO** my child will not be included in any pictures.*

*Parent's Signature: _____ Yes _____ / No _____ (check one)

Emergency Information:

Family Doctor: _____ Phone: (____) _____

Mother's Name: _____ Wk. Phone: (____) _____

Father's Name: _____ Wk. Phone: (____) _____

*If, for some reason, I am not available at the above numbers, please contact:
(Please name a friend, relative or neighbor)*

Name: _____ Relation: _____ Phone: (____) _____

In case of accident, sudden illness, or in the event that I cannot be reached immediately by telephone, I hereby authorize the attending adult to refer this child to the above named doctor, emergency facility and/or Kimble County Hospital. I further instruct the above named health care providers and/or Kimble County Hospital to grant my designees the power to act in loco parentis until such time I can assume responsibility. I further understand that just as at my child's school, medical care is my financial responsibility.

*Parent's Signature: _____ Date: _____