Dee Sports
SPORT CAMPS
AGES 6-14
(MAX 20 PARTICIPANTS)

Session 1
July 7-11, 2014
Monday - Friday
7:30 a.m. - 5:00 p.m.

Session 2
July 21-25, 2014
Monday - Friday
7:30 a.m. - 5:00 p.m.

Session 3
July 28 - Aug 1, 2014
Monday - Friday
7:30 a.m. - 5:00 p.m.

Activities to include basic instruction in soccer, tennis, basketball, flag football, kick ball et.c.

Participants will also engage in nutritional and fun educational activities.

Registration fee: $125.00 per participant per week
Includes: A Camper t-shirt, daily continental breakfast, buffet lunch, and afternoon snack.

For registration and more information please email camp director Mr. Tony Daniels at atdaniels@pvamu.edu

For special assistance with disabilities, dial extension 3585

FMI: WWW.PVAMU.EDU/RECSPORTS | 936-261-9368 | RECSPORTS@PVAMU.EDU | FOR SPECIAL ASSISTANCE CALL 936-261-3585
Tentative Schedule of Activities.

Monday-Friday

7:15am – 8:00 - Camp Participant Arrival and Check-In
(Students will be received at the front desk of the Leroy Moore Gymnasium, upon being signed in by their guardian, checked-in participants will engage in warm-up activities, such as board games, and trivia games).

8:00am – 8:45am - Breakfast.

9:00am – 10:00am - Tennis
(Participants will be taught the basics of tennis and scientific elements which can be applied to the sport.)

10:00am – 11:00am - Volleyball
(Participants will be taught the basics of volleyball, and scientific elements which can be applied to the sport.)

11:00am – 12:00pm - Soccer
(Participants will be taught the basics of soccer, and scientific elements which can be applied to the sport)

12:00pm – 1:00pm - Lunch

1:00pm – 2:30pm - Science Lesson/Activity
(During this time participants will be engaged in a hands-on science related, learning activity such as recognizing and understanding viruses and bacteria; food science lessons; and investigative science learning activities)
PRAIRIE VIEW
A&M UNIVERSITY
RECREATIONAL SPORTS

2:30pm – 3:30pm - Basketball
(Participants will be taught the basics of basketball, and scientific elements which can be applied to the sport)

3:30pm – 4:00pm - Badminton
(Participants will be taught the basics of badminton, and scientific elements which can be applied to the sport)

4:00pm – 4:30pm - Snack

4:30pm – 5:00pm - Fitness and Wellness Learning Activity
(During this time the participants will be engaged in a fitness and wellness related activity while learning about the 5 components of fitness, activities will include proper stretching techniques, muscular group recognition....)

In the event of inclement weather preventing outdoor sports and activity participation, most sports named can be set up and played indoors in the Leroy Moore Gymnasium. Indoor sports and learning activities will be available.
Recreation Sports Activity and Learning Camp Registration Form

Name ___________________________________________ Date___/___/___

Last                First                MI

<table>
<thead>
<tr>
<th>Birth Date:</th>
<th>Sex: M / F</th>
<th>Weight:</th>
<th>Height:</th>
</tr>
</thead>
</table>

Parent’s Name(s): ____________________________________________

Phone #’s Home: (   )___________ Work: (   )___________ Cell: (   )___________

E-Mail Address: ____________________________________________

Home Address: ____________________________________________

Mailing Address: ____________________________________________

IN CASE OF AN EMERGENCY CONTACT THE FOLLOWING PERSONS:

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone #</th>
<th>Relationship</th>
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PERSONS (other than parents/legal guardians) listed below may transport my child(ren):

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone #</th>
<th>Relationship</th>
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Please list any allergies or medications: (Please Consult with Faculty Nurse concerning Administration of Medication.)

________________________________________

Parent’s Signature: ______________________________________ Date:___/___/___
Recreation Sports Activity and Learning Camp  
Medical Emergency Information/Consent for Treatment

Youth's name: ________________________________

Address: ______________________________________

Date of birth: _____________

Parent/guardian phone: Home ________ Work ___________ Pager/Cellular _________

Medical Information

Allergies: ______________________________________

Current medications: __________________________________________

Chronic illnesses (i.e. asthma): ________________________________

Date of last tetanus booster: ________________________________

Physician: ____________________________ Physician telephone number: _____________

Have you been directed to carry an inhaler or breathing device: ______________

HEALTH HISTORY (Check all that apply)

( ) Fainting  ( ) Convulsions  ( ) Stomach Upsets  ( ) Asthma
( ) Constipation  ( ) Kidney Trouble  ( ) Athlete's foot  ( ) Rheumatic fever
( ) Bronchitis  ( ) Diabetes  ( ) Cold  ( ) Heart Trouble
( ) Eye Trouble  ( ) Ear Infections  ( ) Allergic Reaction: ________________________________

Other: ____________________________________________

Explain any restrictions to activity (e.g., what cannot be done, what limitations are necessary)

_________________________________________________________________________________
Insurance Information

Does youth have health insurance? No ____ Yes ____
Medical insurance company: _________________________ Tel. no. _________________________
Group number/ID number: _________________________
Name of insured: _________________________

Person(s) to Notify in Case of Emergency:

Name: _________________________ Relationship: _________________________
Street Address: ____________________________________________________________
Phone: Day ________ Evening ________ Pager/Cellular ______
Second contact (if first person unavailable)
Name: _________________________ Relationship: _________________________
Phone: Day ________ Evening ________ Pager/Cellular ______

Consent for Medical Treatment:

The attending physician, appropriate staff, Prairie A&M University, the Texas A&M University System, their Board of Regents, officers, employees, representatives and/or agents, and their heirs, successors, and assigns, shall not be responsible in any way for any consequence from diagnostic, medical and/or surgical treatment and are hereby 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 provided that these services are performed with ordinary care and to the best of their ability.

Prairie View A&M University does not carry medical insurance for participants in any of its programs. It is recommended that you have appropriate medical coverage for your child.

I, as parent/legal guardian, grant permission for my child _________________________ to receive medical treatment.

X _________________________

Signature of parent/legal guardian Date
Name of Camper: ________________________________

Please circle a Plan

Plan I  Plan II

Plan I is for campers who can check themselves out of camp. If you want them to walk back to their parents/guardians office this is also the plan for them. (Child must be at least 14 at the beginning of their week session, to qualify for this plan.)

Plan II is for parents/guardians who wish to pick their camper up each afternoon. If you choose Plan II, please include the names of those individuals in the space below that you approve to pick up your camper. Parents, guardians, and those approved individuals **NEED TO BRING THEIR PHOTO ID** to check your camper out. Additions to the approved list can be made by contacting **Leah Wallace** at (936) 261-9367.

*Drop off time: 7:30 A.M.  Pick-up time: 5:00 P.M.*

*An additional charge of $1.00 per minute late for pick up will be assessed to campers remaining on site after the designated 5:00 P.M. pick up time!!!*

*Drop off/ Pick-up will be conducted at the main desk inside the Leroy Moore gym facility, immediately to your left upon entering building.*

*Please make certain that you are checking your child in/out at the front desk, BEFORE leaving the facility.*

Name_____________________________  Relationship____________________

Name_____________________________  Relationship____________________

Name_____________________________  Relationship____________________
I, ______________________, age ____, desire to participate voluntarily in all activities of the ______________________ (“Activity”), which is sponsored or conducted by or under the auspices of ______________________ (“Sponsor”), a member of The Texas A&M University System. I am fully aware that there are inherent risks to myself and others involved with the Activity, including but not limited to illness, injury (including death), and loss of personal property, and I choose to voluntarily participate in the Activity and do voluntarily assume the above mentioned risks as to myself and my property, and to the person and property of others. I acknowledge that the Activity may be physically strenuous. I know of no medical reason why I should not participate.

CHALLENGE BY CHOICE

Challenge course and team-building programs are composed of activities that may be unfamiliar to all participants. To ensure our participants control over their own personal safety, we operate with the philosophy of, “Challenge by Choice.” During the time of child engagement activities, participants are completely in control of their own level of participation. During the program you need only do or attempt to do, only those things that you choose. You must listen carefully to all instructions and briefings, set your own goals free of the influence of the group’s goals, make a decision as to your level of participation and inform others of your choice. No one will force you to do anything; the choice is clearly your own. However, you may receive pressure to push yourself, and we encourage you to tell the group if this happens. During the program, we will provide a challenging setting in which you can expand your limits while supporting your personal boundaries.

HOLD HARMLESS, INDEMNITY AND RELEASE:

For myself, my heirs, personal representatives or assigns, I do hereby release, waive, covenant not to sue, indemnify and agree to hold harmless for any and all purposes the Sponsor, The Texas A&M University System, the Board of Regents for The Texas A&M University System, and their members, officers, agents, volunteers, or employees (“RELEASEES” and/or “INDEMNITEES”) from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney’s fees and expenses, which may occur to myself,
other participants, and third-persons as a result of my participation and conduct in the Activity, while traveling to and from the Activity, or while on the premises owned, leased, or controlled by RELEASEES/INDEMNITEES, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES/INDEMNITEES. I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

**NO INSURANCE:**

I understand that RELEASEES/INDEMNITEES do not maintain any insurance policy covering any circumstance arising from my participation in the Activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage. Sponsor does not carry general liability insurance to cover claims arising from the Activity so it seeks a waiver of claims as additional consideration for my right to participate such that Sponsor, a governmental unit of the State of Texas, can (a) provide the activity at the lowest possible cost to participants; and (b) provide access to a greater number of participants by expending limited resources on program materials rather than on liability insurance.

**MEDICAL AUTHORIZATION, INDEMNITY AND WAIVER:**

I understand RELEASEES/INDEMNITEES cannot be expected to anticipate or control all of the risks associated with the Activity and RELEASEES/INDEMNITEES may need to respond to illnesses, accidents, injuries, and potential emergency situations. Therefore, I hereby give my consent for any medical treatment, rescue or evacuation services that may be required (as determined by Sponsor staff, medics, emergency personnel, or other medical professionals) during my participation in the Activity with the understanding that the cost of any such treatment will be my responsibility. I, for myself, my heirs, personal representatives or assigns, agree to indemnify and hold harmless INDEMNITEES for any costs incurred to treat me, even if an INDEMNITEE has signed medical care facility documentation promising to pay for the treatment due to my inability to sign the documentation. I, for myself, my heirs, personal representatives or assigns, further agree to release, waive, covenant not to sue, and agree to hold harmless for any and all purposes, RELEASEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney’s fees and expenses, that may be sustained by me while receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES. I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.
VOLUNTARY SIGNATURE AND BINDING OF HEIRS AND ASSIGNS:

In signing this Agreement, I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed. Sponsor has not made and I have not relied on any oral representations, statements, or inducements apart from the terms contained in this Agreement. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future. For students engaging in extracurricular activities: I understand I can choose not to sign this document and free myself from its terms and the associated risks of the activity by simply not participating in the activity, and choosing some other activity available to me, that has a lower level of risk to me. I further understand this is a voluntary activity and that not participating in this activity will in no way hinder my ability to obtain a degree from member institutions of The Texas A&M System. For students going on field trips, foreign travel or other class-related activities: I understand participation in this class/fieldtrip/activity is not mandatory and I will not be penalized for failing to participate in this activity because an alternative activity exists for which I can receive like credit. While I understand alternative activities are available to me that do not have the risks associated with the Activity I still desire to voluntarily engage in the Activity.

It is my express intent that this Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Texas.

SIGNING THIS DOCUMENT INVOLVES THE WAIVER OF VALUABLE LEGAL RIGHTS.

Should you have any questions about these rights and the ramifications of signing this document you should consult an attorney.

SIGNED this _______ day of ____________, 20__.  

Participant Signature: ____________________________________________

Printed Name: ___________________________________________________

Participant’s Date of Birth: ________________________________________

Parent or Legal Guardian Signature: ________________________________

(If Participant is under 18 years old)

Parent or Legal Guardian Printed Name: ___________________________

(If Participant is under 18 years old)