

Sam Houston State University
Criminal Justice Camp 2020



**Sam Houston
State University**

MEMBER THE TEXAS STATE UNIVERSITY SYSTEM

**Entry Deadline for all camps: April 8, 2020
(Applications MUST be Postmarked by this date.)**

_____ Session I: June 28-July2 _____ Session II: July 5-9

Application Check List

Your application packet should include the following items when sent in:

Check:

- Camper Application (1 page and checklist)**
- Education Information (1 page and high school transcript)**
- Camper Personal Statement (1 page)**
- Medical Release Form (2 pages and copy of insurance card)**
- Mature Content & Behavior Release Form (1 page with notarization)**
- Photo/Video Release Form (1 page)**
- Two letters of recommendation**
- Scholarship Application if applicable (2 pages and checklist)**

If you have completed the application form there should be 8 pages of application, two letters of recommendation, an attached copy of your insurance card, high school transcript and scholarship application if applicable.

Mail this application to:

College of Criminal Justice
ATTN: Criminal Justice Summer Camp
Sam Houston State University
P.O. Box 2296
Huntsville, TX 77341

Sam Houston State University Criminal Justice Camp 2020

_____ Session I: June 28-July 2 _____ Session II: July 5-9

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CAMPER INFORMATION

Camper's First Name _____ M.I. ____ Last Name _____ Name for Nametag _____

Male _____ Female _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone _____ Parent/Guardian E-mail Address _____

Grade Next Fall _____ Cell phone _____ Age _____ Birthdate (mm/dd/yyyy) _____

Camper's Current School _____ School District _____

The SHSU Criminal Justice Camp does not tolerate cases of vandalism, fighting, substance use, or other violations of camp and University safety regulations. No weapons of any kind (knives, guns, etc.) will be tolerated. No refunds are given for cases of expulsion from camp. The camper has no right or legal entitlement to remain and the camp reserves the right to expel a student on these or any other grounds outlined in the Camper Handbook.

PARENT/GUARDIAN INFORMATION

Mother's name _____ Mother's day phone _____ Night phone _____

Father's name _____ Father's day phone _____ Night phone _____

Alternative Emergency Contact Name(s) & Phone Number(s) _____

- Participants **MUST** be 15 to 17 years of age at the time of designated camp session
- All applications are due **April 8, 2020**, students will be notified by mail no later than **May 1, 2020** if they have been selected.
- Complete camp payment must be received no later than **June 8, 2020**.
- No refunds will be given if cancellation is after two weeks prior to designated camp session.

TUITION and FEES

Once notified of camp acceptance, all fees (\$700.00) which includes tuition, housing and meals must be received by **June 8, 2020**. *Round trip airport transportation is offered from George Bush Intercontinental Airport ONLY for an additional \$150 fee.*

PAYMENT INFORMATION

All payments must be made to Sam Houston State University by Visa, MasterCard, American Express, or Electronic Check. If accepted, you will be provided with an online payment link, all payments **MUST** be made electronically.

The camp will mail you a (1) confirmation that your application has been received, and (2) if space is available for your camper.

Mail this application to:
College of Criminal Justice
ATTN: Criminal Justice Summer Camp
Sam Houston State University
P.O. Box 2296
Huntsville, TX 77341

See our website for more information: shsu.edu/cjsummer

EDUCATION INFORMATION

What is your current GPA (on 4.0 scale)? _____

List the courses taken since beginning high school (indicate Honors, AP, etc.): _____

List your extracurricular activities:

*****PLEASE ENCLOSE AN OFFICIAL COPY OF YOUR HIGH SCHOOL TRANSCRIPT*****

CRIMINAL JUSTICE EDUCATION INFORMATION

Has the camper ever taken a criminal justice class before? Yes _____ No _____

If yes, please state what classes you have taken and when: _____

Are you graduating and attending college in Fall 2020? Yes _____ No _____

Have you applied to Sam Houston State University? Yes _____ No _____

SPECIAL DIETARY NEEDS INFORMATION

_____ All foods _____ Vegetarian only

Food Allergies

Describe reaction and management of the reaction

Restrictions—List all that apply

T-SHIRT INFORMATION

T-Shirt Size: Adult: S _____ M _____ L _____ XL _____

Adult XXL _____ Adult XXXL _____ (XXL/XXXL available for \$3.00 extra cost sent with registration)

CAMPER'S PERSONAL STATEMENT

This is a one-page explanation by the camper stating why they wish to attend the camp and what they hope to gain from the experience. Please TYPE or PRINT your answer on this sheet only.

Sam Houston State University
Criminal Justice Camp 2020

You MUST submit a copy of your current insurance card with your application.
MEDICAL RELEASE FORM

Camper's Name _____

PARENT/GUARDIAN INFORMATION

Mother's name _____ Mother's day phone _____ Night phone _____

Father's name _____ Father's day phone _____ Night phone _____

Guardian's name _____ Guardian's day phone _____ Night phone _____

Mother's cell phone _____ Father's cell phone _____ Guardian cell phone _____

Alternative Emergency Contact Name(s) & Phone Number(s)

CONSENT FOR THE TREATMENT OF A MINOR

The following release must be signed by the parents or guardians before the student can attend the SHSU Criminal Justice Camp.

We, the undersigned, as the parent or legal guardian of _____ (a minor), hereby authorize such diagnostic, medical and/or surgical treatment of a minor as may be considered necessary or appropriate under the circumstance for the treatment of any illness or injury of the minor. We hereby release and otherwise hold harmless the attending physician, appropriate staff, and Sam Houston State University and its officers, regents and employees from legal liability or any consequences from said diagnostic, medical, and/or surgical treatment, and thereby 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 provides that these services are performed with ordinary care and the best of their ability.

Parent/legal guardian signatures _____

Print name _____ Date _____

MEDICAL INFORMATION RELATED TO MINOR

Allergies _____

Current Medications _____

Date of last Tetanus booster _____

Pertinent medical history (attach additional documents if necessary) _____

Please list any past illnesses (contagious and non-contagious): _____

Please list any operations or serious injuries (include dates): _____

Has camper ever been hospitalized? _____

Does camper have any chronic or recurring illness? _____

Is there anything else in camper's health history that the camp staff should know? _____

Are there any activities from which the camper should be restricted? _____

Will the camper be taking any medication at camp? _____

Does the camper wear any medical appliances (glasses, contact lenses, orthodontics, etc.)? _____

MEDICAL RELEASE FORM Continued

General Health Questions – 2020

Please explain any yes answer on the spaces provided.

DOES YOUR CAMPER HAVE:

	<u>Current</u>	<u>History of Problem</u>
A) Asthma	_____	_____
B) Diabetes	_____	_____
C) Frequent Colds	_____	_____
D) Pneumonia	_____	_____
E) Lung / Breathing Problems	_____	_____
F) Seasonal Allergies / Other	_____	_____
G) Ear Infections	_____	_____
H) Frequent Headaches	_____	_____
I) Serious Skin Problems	_____	_____
J) Gum Problems	_____	_____
K) Dental Problems	_____	_____
L) Hypertension	_____	_____
M) Heart / Circulatory Problems	_____	_____
N) Stomach / Digestive Problems	_____	_____
O) Kidney / Urinary Problems	_____	_____
P) Hepatitis B Carrier	_____	_____
Q) Seizure Disorder***	_____	_____

IF MEDICATION IS REQUIRED, IT MUST COME IN THE ORIGINAL CONTAINER WITH USAGE/DOSAGE/INSTRUCTIONS CLEARLY PRINTED ON LABEL. A DOCTOR'S NOTE AND PARENTS NOTE MUST ALSO BE SENT.

I, the undersigned, as the parent or legal guardian of the minor child, hereby acknowledge that the forenamed minor is covered by medical and prescription drug coverage as follows:

MEDICAL INSURANCE

Name of Insured _____
Insurance Company _____
Phone _____
Employer/Group name _____
Group number _____
ID # _____

PRESCRIPTION INSURANCE

Name of Insured _____
Insurance Company _____
Phone _____
Employer/Group name _____
Group number _____
ID # _____

It is further understood that Sam Houston State University does not provide medical insurance covering injuries any nature incurred at the 2020 Criminal Justice Camp. The undersigned hereby releases Sam Houston State University, its successors, assignees, officers, agents, and employees from any and all claims, demands and causes whatsoever in any way growing out of or resulting from participation of the Released Parties in the 2020 Criminal Justice Camp, except for claims caused by the gross negligence of the Released Parties. We understand and agree that the Released Parties shall not be liable for any accidents, medical charges, emergency room charges, or medications or pharmaceutical charges incurred during the 2020 Criminal Justice Camp. WE HEREBY INTEND THAT THE RELEASED PARTIES SHALL NOT BE LIABLE FOR THEIR OWN NEGLIGENCE BUT ONLY FOR ACTS OF GROSS NEGLIGENCE.

Parent/legal guardian Signatures _____ Date _____

Please include a copy of your insurance card with this form and be certain that the medical release is submitted with the application. Failure to supply this information will result in being declined for the camp.

Sam Houston State University
Criminal Justice Camp 2020
MATURE CONTENT & BEHAVIOR RELEASE

Information for Parents and Campers
(Please get this form notarized and signed and return to camp administration)

The Criminal Justice Camp will be attempting to introduce interested youth in a variety of fields involved in the Criminal Justice System. Campers will be attending lectures on a variety of subjects at the University as well as traveling to secure facilities for supervised tours. These tours may include the Montgomery County Morgue, The Southeast Texas Forensic Center, a prison tour, and a local municipal court. A certain level of maturity and decorum is required in these venues since campers will be interacting with professional instructors, police, doctors, lawyers, judges, and possibly clients of the system. Please ensure that your son or daughter realizes the importance of these interactions in terms of behavior and dress.

We would like to take this opportunity to advise you that we are attempting to maintain content that is suitable for campers of this age group while still exposing them to the multifaceted field of Criminal Justice. Facility tours may expose them to material to which they have not yet been exposed. An example would be our tour of the Medical Examiner's Office which may involve a walk through the morgue section and analysis theater. We will attempt to prepare campers for these events and will make modifications for those campers who wish to be removed for brief periods during such situations. We appreciate you verifying that you still wish your camper to be involved in such venues for their learning opportunities.

Camper Signature

Camper's Printed Name	Camper's Signature	Date
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Parent or Guardian Signatures

Parent or Guardian Printed Name	Signature	Date
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Parent or Guardian Printed Name	Signature	Date
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Notary Signature

Notary's Printed Name	Notary's Signature	Date
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Sam Houston State University
Criminal Justice Camp 2020
PHOTO/VIDEO RELEASE

Photographs/Videos are taken for the students and staff during the camp session. We present information regarding the camp to high schools around the state of Texas and to youth groups. We would like permission to use photographs/videos of this year's session at these venues and request your permission to use pictures/videos that may contain your child's image.

We, _____, **grant permission to use camp photographs/videos that contain images of my child for educational and camp promotional purposes by the SHSU College of Criminal Justice.**

Camper

Camper's Printed Name Camper's Signature Date

Parent or Guardian Signature

Parent or Guardian Printed Name Signature Date

LETTERS OF RECOMMENDATION

Each camper is required to obtain **TWO letters of recommendation** to attend camp. The letters of recommendation **MUST come from a Principal, Vice-Principal, Counselor, Criminal Justice Instructor or Teacher.**

The letters can be attached to the application or be completed on this page.

Brief Statement indicating why/how this student would benefit from attending the camp.

Signature _____ Date _____

Phone # _____ Email _____

Sam Houston State University
Criminal Justice Camp 2020

Entry Deadline: April 8, 2020

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Scholarship Application Check List

- I am applying for a Criminal Justice Camp Scholarship**
- One Page Essay Detailing Financial Need**
- Letter of Recommendation from School Administrator Detailing Financial Need
(Financial Need Details can be included as part of a camp recommendation letter)**

If you have completed the application form there should be 8 pages of application, two letters of recommendation, an attached copy of your insurance card, high school transcript and scholarship application if applicable.

Mail this application to:

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Sam Houston State University
P.O. Box 2296
Huntsville, TX 77341

CAMPER'S FINANCIAL NEED STATEMENT

This is a one-page explanation by the camper stating why they wish to be considered for one of our Criminal Justice Summer Camp Scholarships. Please TYPE or PRINT your answer on this sheet only.

LETTER OF RECOMMENDATION DETAILING FINANCIAL NEED

Camper Name: _____

**Sam Houston State University Criminal Justice Camp 2020
Scholarship Application**

_____ Session I: June 28-July2 _____ Session II: July 5-9

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To be considered for a scholarship each camper is required to obtain an additional letter of recommendation by a school administrator detailing financial need. This can be provided by a principal, vice-principal, or counselor

Administrator's Name _____ Title _____

Brief Statement indicating why/how this student would benefit from attending the camp.

Administrator's Signature _____ Date _____

Administrator's Telephone # _____ Email _____