Sam Houston State University

Criminal Justice Camp 2018

Entry Deadline for all camps: March 30, 2018 (Applications MUST be Postmarked by this date.)

____ Session I: June 10-14  ____ Session II: June 24-28  ____ Session III: July 8-12  ____ Session IV: July 15-19

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 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 2018

Session I: June 10-14  Session II: June 24-28  Session III: July 8-12  Session IV: July 15-19

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CAMPER INFORMATION

Camper’s First Name ___________________ M.I. ____ Last Name ______________________ Name tag Name _______________

Mailing Address ______________________________________ City ______________________ State ____ Zip ________________

Home Phone ____________________________ E-mail Address __________________________ Grade Next Fall ________________

Cell phone ______________________________ Age _____ Birthdate (mm/dd/yyyy) _________________ Male ____ Female __________

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 March 30, 2018, students will be notified by mail no later than May 1, 2018 if they have been selected.
• Complete camp payment must be received no later than June 1, 2018.
• No refunds will be given if cancelation 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 1, 2018. 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: http://www.cjcenter.org/camps/camps.html
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 2018?  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.
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, orthodonture, etc.)?
_____________________________________________________________________________________


MEDICAL RELEASE FORM Continued

**General Health Questions – 2018**
Please explain any yes answer on the spaces provided.

**DOES YOUR CAMPER HAVE:**

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

**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  ___________________________________  Name of Insured  ___________________________________
Insurance Company  ________________________________  Insurance Company  ________________________________
Phone  ___________________________________________  Phone  ___________________________________________
Employer/Group name  ______________________________  Employer/Group name  ______________________________
Group number  ____________________________________  Group number  ____________________________________
ID # _____________________________________________  ID #  ____________________________________________

**PERSSCRIPTION INSURANCE**
Name of Insured  ___________________________________  Name of Insured  ___________________________________
Insurance Company  ________________________________  Insurance Company  ________________________________
Phone  ___________________________________________  Phone  ___________________________________________
Employer/Group name  ______________________________  Employer/Group name  ______________________________
Group number  ____________________________________  Group number  ____________________________________
ID # _____________________________________________  ID #  ____________________________________________

It is further understood that Sam Houston State University does not provide medical insurance covering injuries any nature incurred at the 2018 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 2018 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 2018 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.
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

__________________________________________  ___________________________  ______________
Camper’s Printed Name  Signature  Date

__________________________________________  ___________________________  ______________
Parent or Guardian Printed Names  Signatures  Date

Notary

__________________________________________  ___________________________  ______________
Notary’s Printed Name  Signature  Date
Sam Houston State University
Criminal Justice Camp 2018
PHOTO RELEASE

Photographs 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 of this year’s session at these venues and request your permission to use pictures that may contain your child’s image.

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

Camper

Camper’s Printed Name   Signature   Date

Parent or Guardian Signatures

Parent or Guardian’s Printed Name   Signatures   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 2018

Entry Deadline: March 30, 2018

___ Session I: June 10-14  ___ Session II: June 24-28  ___ Session III: July 8-12  ___ Session IV: July 15-19

Scholarship Application Check List

☐ I am applying for a Criminal Justice Camp Scholarship ($350)

☐ 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:

College of Criminal Justice
ATTN: Criminal Justice Summer Camp
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 2018
Scholarship Application

___ Session I: June 10-14 ___ Session II: June 24-28 ___ Session III: July 8-12 ___ Session IV: July 15-19

Entry Deadline for all camps: March 30, 2018

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 ____________________________________  Position __________________________________

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

Administrator’s Signature ______________________________________________ Date ________________________________

Administrator’s Telephone # _____________________________________ Email _______________________________________
