

Sam Houston State University  
**Criminal Justice Camp 2024**



**Sam Houston  
State University**

MEMBER THE TEXAS STATE UNIVERSITY SYSTEM

**Entry Deadline for all camps: April 15, 2024  
(Applications MUST be Postmarked by this date.)**

\_\_\_\_\_ Session I: June 9-13 \_\_\_\_\_ Session II: June 23-27 \_\_\_\_\_ Session III: July 7-11  
Please number 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> camp session choice.

## **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)**
- Release of Liability, Indemnification and Assumption of the Risk Agreement Form (2 pages)**
- Mature Content & Behavior Release Form (1 page with notarization)**
- Photograph Release and Indemnity 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 10 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:*

[cjprograms@shsu.edu](mailto:cjprograms@shsu.edu) OR

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 2024

\_\_\_\_\_ Session I: June 9-13 \_\_\_\_\_ Session II: June 23-27 \_\_\_\_\_ Session III: July 7-11

**Entry Deadline for all camps: April 15, 2024 (Applications MUST be Postmarked by this date.)**

## 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

Parent/Guardian #1 name \_\_\_\_\_ Relationship \_\_\_\_\_ phone # \_\_\_\_\_

Parent/Guardian #2 name \_\_\_\_\_ Relationship \_\_\_\_\_ 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 15, 2024**, students will be notified by mail no later than **May 15, 2024** if they have been selected.
- Complete camp payment must be received no later than **June 2, 2024**.
- 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 (\$695.00) which includes tuition, housing and meals must be received by **June 2, 2024**. *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.**

**All Signatures and initials on this application must be physical signature.**

**Mail this application to: [cjprograms@shsu.edu](mailto:cjprograms@shsu.edu) OR**

**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](http://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 2024? 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 2024

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

Camper's Name \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Parent/Guardian #1 name \_\_\_\_\_ day phone \_\_\_\_\_ night phone \_\_\_\_\_

Parent/Guardian #2 name \_\_\_\_\_ day phone \_\_\_\_\_ night phone \_\_\_\_\_

Parent/Guardian #1 cell phone \_\_\_\_\_ Parent/Guardian #2 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 – 2024

Please explain any yes answer on the spaces provided.

<b>DOES YOUR CAMPER HAVE:</b>	<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/PREScription 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 2024 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 2024 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 2024 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 Signature \_\_\_\_\_ 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 2024  
**RELEASE OF LIABILITY, INDEMNIFICATION AND  
ASSUMPTION OF THE RISK AGREEMENT (Form for Minors)**

Name of **Minor** (Print): \_\_\_\_\_

Name of Parent/Guardian (Print): \_\_\_\_\_

Relationship to Minor (Print): \_\_\_\_\_

Organization: College of Criminal Justice Summer Camp, SHSU

Activity: Gain hands-on experience by learning from law enforcement, professors,  
(Please describe specifically the Activity) other students, touring facilities, and participate in a mock crime scene.

Activity Dates: \_\_\_\_\_

**This is a Release of Liability, Indemnification and Assumption of Risk Agreement. Read it carefully and sign below. Completion of this form is required before the above-named Minor participates in the Activity. This document cannot be altered or modified by any verbal or written statements.**

\_\_\_\_\_  
(Initial) Releasees: The "Releasees" in this agreement are the Board of Regents, The Texas State University System, Sam Houston State University, and all regents, directors, employees, agents, and officers and volunteers of such entities.

\_\_\_\_\_  
(Initial) Assumption of Risks: To the best of my knowledge, the above-named Minor is in good health and has no physical limitations that would preclude or impede the above-named Minor's participation in the e Activity listed above (hereafter Activity). I am aware of the risks, perils and hazards connected with the Activity. I acknowledge that loss of property, personal or bodily injury, or death might result from the Activity and/or the acts of others. I voluntarily elect to allow the above-named Minor to participate and engage in the Activity knowing that the Activity may be hazardous to my property, the above-named Minor's property and the above-named Minor. I voluntarily and expressly agree and promise that I assume full responsibility for property loss or damage, and for personal injury, including death, that I or the above-named Minor may sustain as a result of being engaged in the Activity, whether or not based on the negligence or other wrongful conduct of any of the Releasees.

\_\_\_\_\_  
(Initial) **INDEMNIFICATION: I ALSO AGREE TO INDEMNIFY, PROTECT, DEFEND (ON DEMAND), AND HOLD HARMLESS THE RELEASEES FROM ANY AND ALL LOSS, LIABILITY, DAMAGE, OR COSTS OF ANY NATURE WHATSOEVER, WHETHER NOW EXISTING OR HEREAFTER ARISING, INCLUDING WITHOUT LIMITATION COURT COSTS AND ATTORNEY'S FEES, THAT THE RELEASEES MAY INCUR DUE TO THE ABOVE-NAMED MINOR'S PARTICIPATION IN THE ACTIVITY WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES OR OTHERWISE. FOR EXAMPLE, I SPECIFICALLY AGREE TO INDEMNIFY, PROTECT, DEFEND (ON DEMAND) AND HOLD HARMLESS THE RELEASEES FROM ANY LOSSES THE RELEASEES MAY INCUR AS A RESULT OF THE ABOVE-NAMED MINOR'S INJURIES OR DEATH, AND/OR THE ABOVE-NAMED MINOR INJURING ANOTHER PERSON OR DAMAGING ANOTHER PERSON'S PROPERTY WHILE PARTICIPATING IN THE ACTIVITY.**

**RELEASE OF LIABILITY, INDEMNIFICATION AND ASSUMPTION OF RISK AGREEMENT Continued**

**THE INDEMNITY OWED BY ME AS SET FORTH HEREIN IS SPECIFICALLY INTENDED TO INCLUDE CLAIMS CAUSED, OR ALLEGED TO HAVE BEEN CAUSED, IN WHOLE OR IN PART, BY THE RELEASEES' OWN NEGLIGENCE.**

\_\_\_\_\_  
(Initial) **Release: In consideration for facilitating the above-named Minor's participation in the Activity I, individually and as the parent/guardian of the above-named Minor, release, discharge, and agree not to sue any of the Releasees for any claims, demands, actions, and causes of action of any nature whatsoever including without any limitation any claims of negligence, arising out of any loss or damage to my or the above-named Minor's property and/or any personal injury or death, that the above-named Minor may sustain whether or not caused by the negligence of any of the Releasees, while participating in the Activity, whether supervised or unsupervised, or while in transportation to or from the Activity.**

**THE RELEASE, DISCHARGE, AND COVENANT NOT TO SUE SET FORTH HEREIN IS SPECIFICALLY INTENDED TO INCLUDE CLAIMS CAUSED, OR ALLEGED TO HAVE BEEN CAUSED, IN WHOLE OR IN PART, BY THE RELEASEES' OWN NEGLIGENCE.**

\_\_\_\_\_  
(Initial) **Intent: I intend that this Release of Liability, Indemnification and Assumption of the Risk Agreement bind not only me, but also the members of my family and my spouse, and my heirs, assigns, and personal representatives. I intend this as a release, discharge, and promise not to sue the Releasees. I further agree that this Release of Liability, Indemnification and Assumption of the Risk Agreement should be construed in accordance with the laws of the State of Texas.**

\_\_\_\_\_  
(Initial) **Free Act: I acknowledge that I have read and understand this Release of Liability, Indemnification and Assumption of Risk Agreement and understand that it is legally binding. I understand it and sign it voluntarily as my own free act.**

I certify that I am the parent and/or legal guardian of \_\_\_\_\_ (name of Minor), of lawful age (18 years or older) and legally competent to sign this Agreement.

Parent/legal guardian Signatures \_\_\_\_\_ Date \_\_\_\_\_



Sam Houston State University  
Criminal Justice Camp 2024  
**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 2024  
**PHOTOGRAPH RELEASE AND INDEMNITY**

**Releasees:** The Texas State University System Board of Regents, Sam Houston State University (hereafter referred to as “Institution”), their administrators, employees, representatives and agents (collectively referred to as “Releasees”).

**Consent:** For good and valuable consideration, I hereby grant to Releasees full and complete rights to the use of my image (still photograph or video), with or without the use of my name, in print and electronic publications or productions promoting Institution, Texas State University System, its colleges and/or programs. This release is given without charge to or any remuneration from Institution.

I authorize Institution to (a) record my likeness and voice on a video, audio, photographic, digital, electronic or any other medium; and (b) Use my name in connection with these recordings. I hereby irrevocably assign, transfer, release and convey to Institution, in perpetuity, throughout the universe, a nonexclusive and royalty-free license to use the recordings above, as well as all intellectual property rights embodied in or pertaining to any of the foregoing and the complete right to exploit or otherwise use those recordings, in any form of medium, expression or technology now known or hereafter known or developed.

I waive the right to inspect or approve any reproduction of my physical likeness or voice or my voice recording, and I release and discharge Releasees from all claims in connection with the use of my physical likeness, voice, and name.

I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing materials or other Institution publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever. I understand that all recordings, in whatever medium, shall remain the property of Institution.

**Release: I hereby release and hold Releasees free and harmless from any claims of copyright, libel, slander, invasion or violation of privacy or other similar rights that I may hold or assert. I release Releasees and those acting pursuant to its authority from any and all liability for any violation of any personal, intellectual or proprietary right I may have in connection with such use by Institution. I intend this Release also to bind the members of my family, my heirs, assigns and personal representatives. This Release includes all claims, whether or not caused by Institution’s negligence.**

**Indemnity: I also agree to indemnify and hold Sam Houston State University from any loss, damage, liability, or costs that they may incur from the university’s use of my image, name, or voice.**

I understand that all such recordings, in whatever medium, shall remain the property of Texas State. I have read and fully understand the terms of this release.

**Camper**

\_\_\_\_\_  
Camper’s Printed Name

\_\_\_\_\_  
Camper’s Signature

\_\_\_\_\_  
Date

**Parent/ Legal Guardian Signature**

\_\_\_\_\_  
Parent/Legal 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 \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

## 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 \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Sam Houston State University  
**Criminal Justice Camp 2024**

**Entry Deadline: April 15, 2024**

\_\_\_\_\_ Session I: June 9-13 \_\_\_\_\_ Session II: June 23-27 \_\_\_\_\_ Session III: July 7-11

Please number 1st, 2nd, and 3rd camp session choice.

**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:*

cjprograms@shsu.edu OR

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 2024  
Scholarship Application**

\_\_\_\_\_ Session I: June 9-13    \_\_\_\_\_ Session II: June 23-27 \_\_\_\_\_ Session III: July 7-11

**Entry Deadline for all camps: April 15, 2024**

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 \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Administrator's Telephone # \_\_\_\_\_ Email \_\_\_\_\_