



# University of Houston-Clear Lake

## Cyber Security Summer Camp Registration

-June 2016-

### Participant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

School: \_\_\_\_\_

Grade Attended Year 2015-2016: \_\_\_\_\_

Gender: Female  Male  Age: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Have you taken any computing/technology related classes before? YES  NO

If yes, please provide the names of the classes

Please tell us how you heard about our Cyber Security Summer Camp at UHCL:

My School  My Teacher  Family and Friends  UHCL Website  Others

Please list ADA Accommodations needed if any: \_\_\_\_\_

Please indicate your way of transportation to and from the camp: \_\_\_\_\_

Persons who are authorized to pick up child (if minor): \_\_\_\_\_

### Parent/Guardian Information

#### Parent / Guardian 1

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Mr. Mrs. Mr. Other

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Parent / Guardian 2**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Mr. Mrs. Mr. Other \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency Contact Information**

**Emergency Contact 1**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Child : \_\_\_\_\_

**Emergency Contact 2**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Child : \_\_\_\_\_

**Medical Release Information (To be filled by a Parent/Guardian)**

**Insurance Information**

Policy Number: \_\_\_\_\_ Name of Health Insurance Provider: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

**Medication Information**

Please list any medical problems, including any requiring maintenance medication.

Medical Problem	Required Treatment	Should Paramedic be Called?
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child allergic to any type of food or medication? \_\_\_\_\_

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

I, (parent/guardian of the student attending the camp)  
Release and hold harmless the University of Houston-Clear Lake, including, but not limited to, its Board of Regents, officers, employees, representatives, agents and affiliates, from any and all liabilities, personal injuries, and damage to or loss of personal property arising directly or indirectly in connection with my child's use of the facilities and equipment at University of Houston-Clear Lake campus.

I understand that should my child require medical treatment, an attempt will be made to notify me by telephone. In the event that I cannot be reached, I consent to such treatment for my child as may be deemed necessary under the circumstances, including but not limited to, x-ray examinations, surgery, and anesthesia. Any expense not covered by insurance shall be my sole responsibility.

I certify that I understand and agree to abide by (i) the policies of the UHCL Cyber Security Summer Camp, including its policy on refunds and (ii) the release of liability and medical authority as set forth above.

By signing and submitting this form, I stipulate that I am the parent and/or legal guardian of the above named minor and hereby consent and agree to the foregoing terms and provisions on his or her behalf.

Parent / Guardian Signature:

Parent / Guardian Printed or Typed Name:

Date:

### Photo Release

I, (printed name of individual or minor) \_\_\_\_\_, do permit and authorize University of Houston-Clear Lake ("University"), a component of University of Houston System, and employees, agents and personnel who are acting on behalf of the University to use the following for purposes related to the educational mission of the system, including publicity, marketing and promotion of the University without compensation to me.

- My photograph or other likeness
- My voice or quotes/excerpts of my written or verbally expressed words
- My artwork or a photograph of my artwork
- My name or biographical information
- Other: \_\_\_\_\_

I understand the above may be subject to reasonable modification or editing and may be reproduced and distributed by means of various media, including but not limited to publications, video or digital presentations, television broadcasts/rebroadcasts or radio transmissions/retransmissions, news releases, mail outs, billboards or signs, brochures or Web sites. I waive any right to inspect or approve the finished product, or any material in which the University may eventually use my image, words, artwork and information or other items indicated above.

I understand that, although the University will endeavor to use the above in accordance with standards of good judgment, the University cannot warrant or guarantee that any further dissemination of the above will be subject to University supervision or control. Accordingly, I release the University from any and all liability related to dissemination of my image, words, artwork and information and other items indicated above. This consent and release shall be binding upon my heirs, successors, assigns and legal representations.

I have read this document and understand its contents.

Parent / Guardian Signature:

Parent / Guardian Printed or Typed Name:

Date: