



University of Houston – Clear Lake
 June 6 – July 27, 2017
 Authorization Form to Attend Kids U 2017

You can submit the completed form in one of two ways:



Fill/Print/Sign/Fax to:
 281-226-7567



Fill/Print/Sign/Scan/Email to:
youngji@uhcl.edu

Or dannar@uhcl.edu

If you need help completing the form, please call us at 281-283-3530.

Student First Name:

Student Last Name:

Phone Number:
 (In case of emergency)

Alt. Phone Number:
 (In case of emergency)

Email address:

Alt. email address:

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 Summer Kids U 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.

Name of Parent/Guardian completing form: _____

Relationship to the student attending the camp: _____

Date: _____