

Texas A&M University-Kingsville

CAMP AND YOUTH OUTREACH PROGRAM APPLICATION FORM

1. **NAME OF PROGRAM:** _____
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2. **CAMPUS LOCATION:**
 Kingsville Campus
 Other (please specify): _____
-
3. **SPONSORING DEPARTMENT:**
 a) Name of Department _____
 b) Department Head _____ Phone # _____
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4. **CONTACT INFORMATION FOR UNIVERSITY SPONSOR:**
 [If sponsor is employed in a department other than the sponsoring department, please explain in an attachment]
 Name _____ Mail Stop _____
 Email _____ Phone # _____ Fax # _____
 Evening phone _____ Mobile Phone _____
- Contact information of Camp / Program Director:
 Name _____ Mail Stop _____
 Email _____ Phone # _____ Fax # _____
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5. **[FOR 3rd PARTIES] CONTACT INFORMATION FOR THE THIRD PARTY ORGANIZATION:**
 Name _____ Address _____
 Email _____ Phone # _____ Fax# _____
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6. **ACCOUNT NUMBER FROM WHICH INSURANCE PREMIUMS OR FEES WILL BE PAID**

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7. **THIS PROGRAM IS A:**
 University Sponsored Camp/Program
 University Sponsored Youth Outreach
 Third Party Camp/Program with _____
 Please read TAMUK Camp Rule & Procedures
<http://www.tamuk.edu/camps/index.html>
Provide a brief description of main program activities:

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- 8a. **DATE(S) OF CAMP / PROGRAM SESSIONS (Beginning Date – Ending Date):**
 Session 1 _____ Session 2 _____ Session3 _____ Session4 _____
- 8b. **NUMBER OF DAYS:** *(Please indicate the actual number of days during which your camp or program will be in operation. Count any day, or part of a day, during which activities or on-site registration will occur. If your program will not operate during weekends, please specify and do not count those days.)*
 Session 1 _____ Session 2 _____ Session 3 _____ Session 4 _____
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- 9a. **APPROXIMATE NUMBER OF PARTICIPANTS EXPECTED PER SESSION:**
 Session 1 _____ Session 2 _____ Session 3 _____ Session 4 _____
- 9b. **IF YOU WISH TO INSURE COUNSELORS, INDICATE THE NUMBER:**
 Session 1 _____ Session 2 _____ Session 3 _____ Session 4 _____
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10. **APPROXIMATE NUMBER OF ADULT COUNSELORS PER SESSION:***(Include student counselors who are 18 or older as well as the number of insured counselors listed above)*Session 1 _____ Session 2 _____ Session 3 _____ Session 4 _____

11. **AGES OF PARTICIPANTS:** _____

12. **INDICATE WHETHER THIS CAMP OR PROGRAM IS [check one]:**

- Day camp/program only *[skip to section 14]* **-OR-**
 Camp/program where participants are housed overnight *[see section 13]*
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13. **OVERNIGHT CAMPS OR PROGRAMS [check one]:**

- Participants will stay on campus. Where? _____
 Participants will be housed in off-campus lodging arranged by the camp or program.
 Provide the name of the facility: _____
 Participants will be responsible for arranging their own off campus housing.
 Please explain: _____
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14. **REQUIRED ATTACHMENTS:** *(All items are necessary to process this application. Incomplete applications cannot be processed and will be returned to the sponsor for completion. Applications not submitted in whole at least 30 days prior to the start of the camp may be subject to late fees.)**(Check to indicate information is attached)*

- a. List the emergency medical facility that the camp or program will use in the event of an emergency
1. Name of Medical Facility _____
 Address _____
 Phone Number _____
 Medical Facility Contact Person _____
 Title _____ Phone Number _____
- b. A copy of the Medical Facility Notification Letter (CAF 2)
 c. A copy of the camp budget; include allocation of funds for insurance payment if applicable. (CAF 3)
 d. A camp or program itinerary/agenda showing beginning and ending times of each activity CAF 4
 e. A detailed list of activity descriptions – *Note: this is a separate attachment from the itinerary. It is needed to secure/verify insurance for your program. (If an activity is referred to in such a way that the nature of the activity is not apparent, a description of the activity must be included. Ex. “Speaker presentation” is self-explanatory, while “flag game”, “free time”, or “groups” would require a specific description) CAF 5*
 f. Brochure and/or print-out of website information
 A copy of the camp brochure or website print-out is attached
 If no brochure, description and purpose of camp or program is attached
 g. A completed Planning & Risk Assessment Form CAF 6
 h. A copy of the camp/program Participant Waiver, Indemnification and Medical Treatment Authorization Form. *Note: ALL camps/programs MUST use the waiver located on TAMUK Camps Website. CAF 7*
 i. For Third Party Camps–A copy of the Third Party Camp Contract Certificates of Insurance, and a copy of the insurance policy must also be attached. CAF 8
 j. TAMUK Camp Staff/Volunteer Background Check Form CAF 9; Child Protection Training CAF 10
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16. **INSURANCE** *(Please check one option for each type of insurance)***GENERAL LIABILITY INSURANCE**

- Purchase through the University Insurance Plan *(Third Party camps are not eligible for this coverage)*
-OR-
 A copy of the Policy & Certificate of Insurance is attached. *(All Certificates of Insurance must specify TAMUK as “Additional Insured.”)*

ACCIDENT MEDICAL INSURANCE

- Purchase through the University Insurance Plan *(Third Party camps are not eligible for this coverage)*
-OR-
 A copy of the Policy & Certificate of Insurance is attached. *(All Certificates of Insurance must specify*

TAMUK as "Additional Insured.")

NOTE: University Sponsored camps or Youth Outreach programs held at facilities not located on TAMUK property must obtain proof of insurance from the facility. The General Liability policy should specify that TAMUK is an "additional insured" for the duration of camp or program. The amount of accident medical insurance coverage should meet the required coverage amounts (see camp website). **If a host facility does not have adequate insurance coverage, the camp sponsor will be required to arrange for additional coverage.**

AUTHORIZATIONS:

I acknowledge that I have reviewed University Rule 11.99.99.K1: Camps and Enrichment Programs, and Standard Administrative Procedure 11.99.99.K1.01: Camps and Enrichment Program Procedures, and that I have complied with the items set forth in those documents. My signature authorizes the transfer of funds from the account referenced in this application for the payment of insurance premiums and/or support service fees.

Signature of Camp or Program Sponsor

Date

I authorize the sponsorship of this camp or program through the department under my direction. I also authorize the transfer of funds to pay for insurance and/or support services fees from the account referenced in this application.

Signature of Department Head or designee

Date



Risk Management and Assessment:

This application has been found to be in compliance with University Rule 11.99.99.K1: Camp and Enrichment Programs, and Standard Administrative Procedure 11.99.99.K1.01: Camp and Enrichment Program Procedures.

- Completed CAF 6 – *Planning & Risk Assessment Form*
- Has planned for staff safety training / state-mandated Child Protection Training
- Has appropriate insurance coverage for these activities
- Completed CAF 9A – *Staff List / Affirmation of Background Checks Form*
- Completed CAF 9B – Child Protection Training

Enterprise Risk Management

Date



I have reviewed this program for relevance to the educational mission of Texas A&M University-Kingsville and approve this camp or enrichment program under the provisions of the University Rule 11.99.99.K1: Camps and Enrichment Programs, and Standard Administrative Procedure 11.99.99.K1.01: Camp and Enrichment Program Procedures.

Approval Signature

Date