



April 28, 2015

YESTexas Summer Camp
Prospective Participants and Parents
Dear Sir or Madam,

Thank you for your interest in the 2015 YESTexas (Young Engineers of South Texas) Summer Camp hosted by Texas A&M University-Kingsville (TAMUK). Attached, you will find application materials and consent forms for YESTexas. To be considered for participation in the camp, your application must be received by **June 5, 2015**. **Attendance at YESTexas will cost \$250**. A complete application includes the following documents:

- 1) Application form and pre-program survey.
- 2) Signed consent form.
- 3) Signed waiver and authorization for medical treatment.
- 4) Behavior contract signed by the student and parent.
- 5) Completed requests for directory and transportation forms.

YESTexas will be held from Monday, July 27th, to Friday, July 31st. Activities will begin at 9 am and conclude at 5 pm, with plans to end camp early on Friday. Lunch and an afternoon snack will be provided. Applications should be submitted to:

Javelina Engineering Student Success Center
Frank H. Dotterweich College of Engineering
Texas A&M University-Kingsville
700 University Blvd., MSC 155
Kingsville, TX 78363
Phone: 361-593-2799; Email: john.mccoy@tamuk.edu

32 participants will be invited to attend YESTexas. If selected to participate, you will be contacted on or about June 12th with more details about the schedule and instructions on how to pay camp fees. Feel free to contact myself, Mr. McCoy, or Mr. Torres with any questions.

Camp participants will have the opportunity to work with students and faculty in the TAMUK College of Engineering. They will participate in hands-on activities designed to introduce a variety of engineering disciplines and learn valuable leadership and presentation skills. Admission into this program is contingent on respectful behavior and a willingness to participate in all activities. Please do not submit an application without careful consideration of the behavior contract.

Sincerely,
Breanna M. W. Bailey, Ph.D., P.E.
Assistant Dean / Associate Professor
(361) 593 2369

Engineering Summer Program: 2015

Student Application

Date: _____

Student's Name: _____

Date of Birth: ____/____/____
mm / dd / yyyy

SSN# _____-____-_____

(confidential, used only for research on program effectiveness)

Circle appropriate answer.

Gender: Male Female

Race/Ethnicity: Hispanic African-American Asian/Pacific Islander
American Indian/Alaskan Native White

Other (please specify): _____

Primary Language Spoken at Home: English Spanish Other (specify: _____)

Grade level spring 2014:

6th 7th 8th 9th 10th 11th 12th other (specify: _____)

Engineering Summer Program: 2015

Pre-Program Survey

Check the best answer.	Strongly Agree	Agree	Not Sure/ Neutral	Disagree	Strongly Disagree
I plan to go to college when I finish high school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parents/guardians are encouraging me to go to college.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My friends plan on going to college.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I enjoy school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My teacher(s)/counselor(s) care if I go to college.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am interested in a specific college(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a specific career goal(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am interested in a career in engineering.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How did you hear about the Engineering Recruitment Summer Program?

Counselor

Teacher

Flyer/other advertisement

Letter from your high school/district

Letter from college/university

Other (please specify): _____

Specify your career goals:

Engineering Summer Program: 2015

Student Consent Form

Student's Name (please print): _____

Parent/Guardian's Name: _____

Texas A&M University-Kingsville and the Texas Higher Education Coordinating Board are using student data to evaluate the effectiveness of this program. All data is confidential. It will be reported only in the aggregate and for the express purpose of measuring and reporting on the effectiveness of this program.

I/we understand that any such information will be used by Texas A&M University-Kingsville and the Texas Higher Education Coordinating Board only for these purposes, that Texas A&M University-Kingsville and the Texas Higher Education Coordinating Board will not disclose any such information that personally identifies a student to any other party, and that any report generated on the basis of this information will not personally identify any student.

Student Signature

Parent or Legal Guardian
(Required, if student is under 18 years of age)

Formulario de consentimiento del estudiante

Nombre del estudiante: _____

Nombre del padre, madre o tutor: _____

Texas A&M University-Kingsville y Texas Higher Education Coordinating Board están usando los datos de los estudiantes para evaluar la efectividad de este programa. Todos los datos son confidenciales. Sólo serán informados de manera agregada y con la finalidad expresa de medir e informar la efectividad de este programa.

Yo/Nosotros comprendo/comprendemos que dicha información será usada por Texas A&M University-Kingsville y Texas Higher Education Coordinating Board solamente para estos fines, que Texas A&M University-Kingsville y Texas Higher Education Coordinating Board no darán a conocer a ninguna otra parte, ninguna información que identifique personalmente a un estudiante, y que cualquier informe generado en base a esta información no identificará personalmente a ningún estudiante.

Firma del estudiante

Padre, madre o tutor
(Necesario si el estudiante tiene 17 años o menos)

**PARTICIPANT WAIVER, INDEMNIFICATION, AND
MEDICAL TREATMENT AUTHORIZATION FORM**

1. EXCULPATORY CLAUSE. In consideration for receiving permission to participate in any and all activities of the 2015 YESTexas Summer Camp (herein referred to as "activity"), which is sponsored by the College of Engineering at Texas A&M University-Kingsville (herein referred to as "sponsor"), a member of The Texas A&M University System, I hereby release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes sponsor, The Texas A&M University System, the Board of Regents for The Texas A&M University System, and their members, officers, servants, agents, volunteers, or employees (herein referred to as RELEASEES or INDEMNITEES) from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me while participating in such activity, while traveling to and from the activity, or while on the premises owned or leased by RELEASEES, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES.** I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

2. INDEMNITY CLAUSE. I am fully aware that there are inherent risks to myself and others involved with this activity, including but not limited to injuries resulting from improper use of laboratory equipment or incurred during field trip travel, and I choose to voluntarily participate in said activity with full knowledge that the activity may be hazardous to me and my property, and to the person and property of others. I acknowledge there may be physically strenuous activities. I know of no medical reason why I should not participate. **I agree to indemnify and hold harmless INDEMNITEES** from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, which may occur to myself, other participants, and third-persons as a result of my participation in said activity, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of INDEMNITEES.**

3. NO INSURANCE. I understand that RELEASEES do not maintain any insurance policy covering any circumstance arising from my participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage. Sponsor does not carry general liability insurance to cover claims arising from this activity so it seeks a waiver of claims as additional consideration for the right to participate so sponsor, a governmental unit of the State of Texas, can (a) provide the activity at the lowest possible cost to participants; and (b) provide access to a greater number of participants by expending limited resources on program materials rather than on liability insurance.

4. BINDS HEIRS. It is my express intent that this agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Texas.

5. MEDICAL AUTHORIZATION, INDEMNITY FOR MEDICAL EXPENSES, and WAIVER. I understand RELEASEES cannot be expected to control all of the risks articulated in this form and RELEASEES may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required, as determined by a medical professional at the medical facility, during my participation in this activity with the understanding that the cost of any such treatment will be my responsibility. I agree to indemnify and hold harmless INDEMNITEES for any costs incurred to treat me, even if an INDEMNITEE has signed hospital documentation promising to pay for the treatment due to my inability to sign the documentation. I further agree to release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes, RELEASEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me while receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se,**

statutory fault, or strict liability of RELEASEES. I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

6. VOLUNTARY SIGNATURE. In signing this agreement I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed; sponsor has not made and I have not relied on any oral representations, statements, or inducements apart from the terms contained in this agreement. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future. **I understand I can choose not to sign this document and free myself from its terms and the associated risks of the activity by simply not participating in the activity and choosing some other activity available to me that has a lower level of risk to me. I further understand this is a voluntary, extracurricular activity; therefore it is not required for me to obtain college credits and not participating in this activity will in no way hinder my ability to obtain a degree from the university.**

**SIGNING THIS DOCUMENT INVOLVES THE WAIVER OF VALUABLE LEGAL RIGHTS.
CONSULT YOUR ATTORNEY BEFORE SIGNING THIS DOCUMENT.**

SIGNED this _____ day of _____, 20_____.

Participant Signature: _____

Printed Name: _____

Participant's Date of Birth: _____

Parent or Legal Guardian Signature: _____
(If Participant is under 18 years old)

Parent or Legal Guardian Printed Name: _____
(If Participant is under 18 years old)

EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship _____

Home Address: _____

Home _____ Work _____ Cell _____
Phone # Phone # Phone #

Name: _____ Relationship _____

Home Address: _____

Home _____ Work _____ Cell _____
Phone # Phone # Phone #

2015 YESTexas Summer Camp Behavior Contract

Dear YESTexas Summer Camp Participant/Parent:

It is our goal to ensure that your summer camp experience is a meaningful one. To help achieve this goal we have established a set of rules that will help ensure your safety and that of your teammates. Please read over the rules and then sign the bottom indicating that you understand these rules as well as the potential consequences.

As a participant in the YESTexas Summer Camp, I agree:

- To listen to instructions and participate fully in all activities.
- To treat other participants, faculty mentors, graduate assistants, and chaperones with respect.
- To follow all posted laboratory rules.
- Not to physically hurt or ridicule anyone connected with the summer camps.
- To respect others' property.
- To clean up after myself.
- Not to wander away from the group.
- Not to run, yell, or otherwise behave disruptively.

I realize that if my behavior violates this contract, I may be:

- Asked to sit out for one or more activities.
- Sent home for the day.
- Asked not to return for the remainder of the camp.

*Decisions will be based on severity and frequency of behavior problems.
Students will receive one warning in most instances.*

My signature signifies my agreement to abide by this behavior contract.

Print Name (Student)

Signature (Student)

Print Name (Parent)

Signature (Parent)

2015 YESTexas Summer Camp: Requests for Directory, Transportation, and On-Campus Housing Information

TO: Parents of TAMU-K Engineering Summer Camp Participants

FROM: Eusebio Torres, Outreach and Event Coordinator; Austin McCoy, Director, JESSC

DATE: April 28, 2015

RE: Shared Contact Information Form

If you would like your contact information to be included on the master Participant Contact Information list, please complete and return this form to my office as soon as possible. The purpose of this list is to provide information to participants who wish to carpool with other participants living in your area. Providing this information is **OPTIONAL** and by signing below you release Texas A&M University-Kingsville and its constituents from all liabilities prior to, during, or after the summer camp.

Please Print:

Participants Name: _____
Address: _____
City: _____
Phone (home): _____ (cell): _____
Email address: _____

Yes, I am interested in carpooling. Please include my contact information on the master list.
 No, do not share my contact information.

Parent's Signature Print Name Date

Return form to:	Javelina Engineering Student Success Center Texas A&M University-Kingsville 700 University Blvd., MSC 155 Kingsville, TX 78363 361-593-2799, Fax 593-2106 john.mccoy@tamuk.edu

PARKING ON THE TEXAS A&M UNIVERSITY-KINGSVILLE CAMPUS

Parking on the Texas A&M University – Kingsville campus is strictly prohibited without the purchase of a parking permit. Failure to have a parking permit may result in a fine from the University Police Department.

Parking permits will be provided to the participants of YESTEXAS Summer Camp at check-in. Please arrive on campus early in order to receive your parking permit prior to the start of camp.

____ I will NOT need a parking permit. _____
Name of Participant

____ I will need a parking permit. _____
Name of Participant Driver's License Number

TRANSPORTATION TO AND FROM THE CAMPUS

It is the sole responsibility of the participant/parent to provide transportation to and from the Texas A&M University-Kingsville campus during the week of camp. Texas A&M University – Kingsville is in no way responsible for incidents that may occur during transportation of participants to and from the summer camp.

Signature: _____ Date: _____

Signature of Parent: _____ Date: _____

TEXAS A&M UNIVERSITY-KINGSVILLE
APPEARANCE RELEASE FORM

I hereby authorize Texas A&M University-Kingsville (the University), including any of its officers, employees, contractors, and agents, to photograph, videotape, film or record me in any media in relation to my participation in any YESTexas Summer Camp program activities. The University may use my name, image, and likeness, as shown in the photographs, video, film, electronic images, and/or audio recordings in whatever way they desire, including television and web content. I understand that I will not receive any monetary compensation for time or services.

Furthermore, I hereby release and discharge the University from any and all claims and demands arising out of, or in conjunction with, the use of such photographs, video, film, electronic images, and/or audio recordings and the plates, tapes and/or software from which they are made. I understand that these materials shall become the sole property of the Agency and the University and they shall have the right to duplicate, reproduce and make other uses of the material for any lawful purpose, including illustration, advertising, and promotion. I hereby waive any right of inspection or approval of my appearance or the uses of my appearance in relation to the YESTEXAS Summer Camp program activities.

(Printed Name of Subject)

(Signature) (Date)

If the subject is under age 18, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

(Parent/Guardian's Printed Name)

(Parent/Guardian's Signature) (Date)