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## Girl CodeRunners Registration Checklist

Congratulations! Your student has been selected to participate in the Girl CodeRunners summer camp at the Good Samaritan Center the week noted in the email sent with this packet. This packet includes additional information regarding the camp and the forms required to complete your students' camp registration.

Please be sure that you have completed all of the required signed camp registration forms for each camper. Camp applications are considered incomplete until all forms have been received.

- ☐ **Registration Form**
- ☐ **Camp Behaviors, Policies, and Rules**
- ☐ **UTSA Photo Consent Form**
- ☐ **UTSA Release and Indemnification Agreement for Participant**
- ☐ **Texas Workforce Commission Appearance Release Form\***
- ☐ **UTSA Medical Release Form**

Your student's enrollment in the camp will not be confirmed until all the required forms have been received.

A confirmation of registration and a receipt will be emailed to the email address provided. If you do not receive a confirmation email within 5 days of mailing the registration, please call (210) 458-6170.

Please contact [ate@utsa.edu](mailto:ate@utsa.edu) or (210) 458-6170 if you have additional questions.

\*The Girl CodeRunners camp is made possible by funding from the Texas Workforce Commission and requires that camps that receive funding from the obtain a release form for the participants in the camp.



## Registration Form

### Student Information:

Full Name: \_\_\_\_\_

Parents must sign their student(s) in and out daily or notify staff if they would like to allow their student to sign themselves in and out.

Is your student authorized to sign themselves in and out? ☐ Yes ☐ No

Who is authorized to pick up your student(s) each day?

Name	Relation to Student

\_\_\_\_\_  
Print Parent/Guardian name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Bus Release

Students will take UTSA buses to the UTSA Main campus on Friday. They will depart from the Good Samaritan Center and will return to the Good Samaritan Center by 2:30.

☐ I give permission for my student to ride the UTSA bus to the UTSA Main campus.

\_\_\_\_\_  
Participants' name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent/Guardian name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



### **Camp Behavior, Policies, and Rules**

- Participants must wear appropriate attire and shoes.
  - NO short skirts, shorts, or bathing suits
  - NO flip-flops. Closed toed shoes ONLY
  - NO spaghetti straps, tube tops, or muscle shirts
  - NO baggy clothing
- Campers must attend 4 out of 5 days.
- Good conduct is expected at all times. All participants must remain polite and civil toward the other participants and to the instructors/counselors.
- No profanity or fighting will be tolerated in the camp. Disciplinary action for violation of camp rules lie with the Camp Director or Program Manager.
- There will be NO horse- playing in the camp classrooms. We are using classrooms with expensive equipment in the classrooms.
- Cell phone and electronic device usage is not allowed during camp hours, including making phone calls and sending text messages, unless approved by the instructors/counselors.
- Participants may be dropped off no earlier than 8:45 am and can be picked up as early as 2:00 pm. All students must be picked up no later than 2:30 pm.
- Parents will be contacted if the participant becomes unruly during camp.
- Participants who fail to comply with the camp policies and rules will be dismissed.
- Lunch will be provided each day. Please list any allergies or dietary restrictions on the medical release form.
- Project staff will use email for communicating regarding non-emergency situations. Please check the email(s) provided on the registration form on a daily basis to check for camp communications. Project staff will communicate by phone call for all emergencies.

☐ **I have read the above policies and will comply with the rules during camp hours.**

\_\_\_\_\_  
Participants' name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent/Guardian name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**TEXAS WORKFORCE COMMISSION  
APPEARANCE RELEASE FORM**

I hereby authorize the Texas Workforce Commission (the Agency), 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 Science, Technology, Engineering and Mathematics (STEM) program activities. The Agency 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 Agency 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 it 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 STEM 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)

The University of Texas at San Antonio  
Office of University Communications & Marketing  
One UTSA Circle, San Antonio, Texas 78249  
(210) 458-4550

*Please Print*

EVENT: \_\_\_\_\_  
NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
UTSA STATUS:    ☐ Faculty   ☐ Staff   ☐ Student   ☐ Visitor                      *Please check one*

**GENERAL RELEASE - RECORDING**

I, \_\_\_\_\_, hereby grant The University of Texas at San Antonio ("UTSA") the absolute and irrevocable right and permission, to record my image, likeness and/or voice on a video, audio, photographic, digital, electronic or any other medium ("Recording") in which I may be included with others, to copyright for same; to use, reuse, alter, edit and publish the same in whole or in part in any and all media including but not limited to use on the world wide web, now or hereafter, and for any purpose whatsoever that UTSA deems appropriate including but not limited to, exhibition, education, illustration, promotion, art, advertising and trade, and if appropriate, to use my name and pertinent education and/or biographical facts as UTSA chooses.

I hereby release and discharge UTSA, its governing board, officers, representatives, employees and agents from any and all claims and demands for compensation arising out of or in connection with the use of the Recording.

I hereby release and discharge UTSA, its governing board, officers, representatives, employees and agents from any and all claims and demands arising out of or in connection with the use of the Recording, including without limitation any and all claims for libel or invasion of privacy.

I am of full age and have the right to contract in my own name. I have read the foregoing and fully understand its contents. This release shall be binding on me and my heirs, legal representatives and assigns.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**IF UNDER 18 YEARS OLD:**

MINOR'S NAME: \_\_\_\_\_

I am the Parent/Guardian of the above named minor who is under eighteen years of age and am fully competent to sign this release. I hereby grant The University of Texas at San Antonio ("UTSA") the absolute and irrevocable right and permission, to record the image, likeness and/or voice on a video, audio, photographic, digital, electronic or any other medium ("Recording") of the above named minor or in which minor may be included with others, to copyright for same; to use, reuse, alter, edit and publish the same in whole or in part in any and all media including but not limited to use on the world wide web, now or hereafter, and for any purpose whatsoever that UTSA deems appropriate including but not limited to exhibition, education, illustration, promotion, art, advertising and trade, and if appropriate, to use minor's name and pertinent education and/or biographical facts as UTSA chooses.

I hereby release and discharge UTSA, its governing board, officers, representatives, employees and agents from any and all claims and demands for compensation arising of or in connection with the use of the Recording.

I hereby release and discharge UTSA, its governing board, officers, representatives, employees and agents from any and all claims and demands arising out of or in connection with the use of the Recording, including without limitation any and all claims for libel or invasion of privacy.

I have read the foregoing and fully understand its contents. This release shall be binding on me and my heirs, legal representatives and assigns.

☐ Has my permission                      ☐ Does not have my permission

Signed by Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**UTSA RELEASE AND INDEMNIFICATION AGREEMENT FOR PARTICIPANT**

Full Name of Participant	
Student Identification Number if Enrolled at UTSA	
Name of Parent/Guardian if Participant is < 18 years old	
Address: Street, City and Zip	
Age of Participant	
Emergency Contact/Phone Number	
Parent/Guardian Email address	
Description of Activity/Trip (including all associated travel)	Girl CodeRunners
Location of Activity/Trip	UTSA Main Campus
Date of Activity/Trip	

By signing below, I consent to the Participant's participation in the above-described ("Activity/Trip") and I certify that there is no medical reason why Participant should not participate in the Activity/Trip. I acknowledge that the nature of the Activity/Trip may expose Participant to hazards or risks that may result in Participant's illness, personal injury or death, and I understand and appreciate the nature of such hazards and risks. I understand that Participant may have unsupervised access to the internet while on the UTSA campus or while otherwise participating in the Activity/Trip.

Additionally, I understand that \_\_\_\_\_ (name of transporter) will transport the Participant during travel to and from the location listed above and during any additional or incidental travel associated with the Activity/Trip. If the Participant chooses to drive or to be a passenger in a personally-owned vehicle for any travel associated with the Activity/Trip, my signature below also acknowledges the following:

- I understand that the Institution assumes no liability or responsibility for the use of such vehicle during any such travel and that the Institution has neither inquired about nor confirmed (a) the driving history, training or licensure of the driver or (b) that the vehicle is covered by a private automobile insurance policy;
- I understand that the Institution carries no insurance that could cover any damages, injuries, claims or other liabilities associated with the use of such vehicle during such travel; and
- I further understand that any private insurance policy covering such vehicle or the driver personally will be responsible for any damages, injuries, claims or other liabilities that may arise from the use of the vehicle during any travel associated with the Activity/Trip.

**In consideration of Participant being permitted to participate in the Activity/Trip, I hereby accept all risk to Participant's health, including any injury or death to Participant that may result from such participation, which participation includes all travel associated with the Activity/Trip, and I hereby release UTSA, its governing board, officers, representatives, employees and agents from any and all liability to Participant, Participant's personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to Participant's property and for any and all illness or injury to Participant's person, including his or her death, that may arise from or occur during Participant's participation in the Activity/Trip, WHETHER CONTRIBUTED TO OR CAUSED BY ANY NEGLIGENCE OF UTSA, ITS GOVERNING BOARD, OFFICERS, EMPLOYEES OR REPRESENTATIVES, OR OTHERWISE.**

**I further agree to indemnify and hold harmless UTSA, its governing board, officers, representatives, employees and agents from liability for the injury or death of any person(s) and damage to property that may arise, in whole or in part, from Participant's negligent or intentional act or omission while participating in the described Activity/Trip, WHETHER CONTRIBUTED TO OR CAUSED BY ANY NEGLIGENCE OF UTSA, ITS GOVERNING BOARD, OFFICERS, EMPLOYEES OR REPRESENTATIVES, OR OTHERWISE.**

\_\_\_\_\_  
Signature of Participant or  
Parent/Guardian

\_\_\_\_\_  
Printed Name of Signatory

\_\_\_\_\_  
Date

If Participant is at least 18 years of age OR Signature of Participant's Parent/Guardian if Participant is under the age of 18

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Date



## The University of Texas at San Antonio

### Medical Information and Release Form - Minor

*The medical release, application, and parental waiver should be completed and returned with payment and registration. No camper will be permitted to participate without a parental signature waiver and medical release form. This information is kept confidential. University employees will only use information you provide here if needed.*

Name of Camper: _____			<input type="checkbox"/> Female	<input type="checkbox"/> Male
_____	_____	_____		
Last		First	Middle	
Address: _____				
Number and Street (Include apartment #)		City	State	Zip Code
Telephone: (    ) _____		Birthdate: ____ / ____ / ____		

#### EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_  
(Area Code) Number (Area Code) Number (Area Code) Number

Additional Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Area Code) Number

☐ I authorize UTSA staff to contact the above person in case of a health emergency.

#### MEDICAL/INSURANCE INFORMATION

Allergies: \_\_\_\_\_

Current Medical Conditions: \_\_\_\_\_

Current Medication(s), including Dosage(s): \_\_\_\_\_

Other pertinent medical information: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Telephone: (    ) \_\_\_\_\_

Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_ ID#: \_\_\_\_\_

Phone Number (for benefit verification): \_\_\_\_\_  
(Area Code) Number

#### EMERGENCY MEDICAL AUTHORIZATION

I, the undersigned, as the parent or legal guardian of \_\_\_\_\_ (a minor) hereby authorize such diagnostic, medical and/or surgical treatment of such minor as may be considered necessary or appropriate under the circumstances for the treatment of any illness or injury of the minor. The attending physician, appropriate staff, and the University of Texas at San Antonio and its officers, regents, and employees shall not be responsible in any way for any consequences from said diagnostic, medical and/or surgical treatment and are hereby released from any and all costs, 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 provided that these services are performed with ordinary care and to the best of their ability.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Date