

Paul Quinn College

Kappa Kamp Summer Enrichment Program

Participant Application Packet

June 4-16, 2017



**Deadline for all completed applications:
April 1, 2017**

**Deadline for all monies:
May 1, 2017**

Paul Quinn College

Kappa Kamp Summer Enrichment Program

Application

Directions: All forms are to be completed and returned with application.

Early enrollment helps to ensure placement in the camp(s) of your choice. We will work hard to place all students in the camp of their choice. However, we cannot guarantee that the desired camps will be available if fees do not accompany this form, if all forms are not completed and returned, or if late registering.

Fees can be paid with Cash, Cashier's Check, Money Order or Credit Card (Visa, Master Card, Discover, and American Express) or Check from Sponsoring Chapter (approved by Telecheck)

___ T-Shirt Size _____ Application Date _____

Student's Name _____ Age _____

Social Security # _____ - _____ - _____ Date of Birth _____ Shirt Size _____

Address _____
P.O. Box/Street City State Zip

Parent/Guardian (responsible for student while at camp)

Name _____

Address _____
P.O. Box/Street City State Zip

Where can you be reached:

Home: () _____

Work: () _____

Cell: () _____

Email: _____

Form A

Paul Quinn College

Kappa Kamp Summer Enrichment Program

Sponsoring Chapter _____

Chapter Contact Person _____ Phone _____

Email Address: _____

To reserve a space for my child, _____

I am enclosing: _____ Camper's Name

_____	2 week session (boarding)	\$625.00
_____	Late Fee	\$ 50.00

METHOD OF PAYMENT

_____ Cashier's Check	_____ Money Order
_____ Cash (if paying in person only)	_____ Chapter Check
_____ Visa _____ MasterCard	_____ Discover _____ American Express

Card Number

Signature of Cardholder

Expiration Date

Cardholder's Zip Code

I am including the following forms with the application (please check)

_____ Authorization to attend Events	_____ Medical Card/Insurance (copy)
_____ Health History	_____ Leave Authorization
_____ Authorization to participate (notarized)	_____ Medical Consent Form (notarized)
_____ Consent to Student Drug & Alcohol Testing	_____ Child's Photograph
_____ Meningitis Vaccination	

I have read the campus brochure and understand its contents. My child and I agree to abide by the guidelines governing this program.

Signature of Parent/Guardian

Date

PRINTED NAME of Parent/Guardian

Date

Form B

Paul Quinn College

Kappa Kamp Summer Enrichment Program

Medical Consent Form

In consideration of the agreement by Paul Quinn College to accept _____ (**Kamper**) as a participant in the Kappa Kamp Summer Enrichment Program, the undersigned parent/guardian hereby authorizes Paul Quinn College and its agents and employees to secure for the above named student any medical, mental/psychological health, or dental treatment which they, in their sole judgment, may deem necessary and proper for said student. We further specifically authorize Paul Quinn College and its agents and employees to execute administration of any medical, mental or dental treatment or procedure whatsoever to said student. We also authorize _____ (**designated insurance carrier**) to pay directly to _____ (**hospital/health care provider**) all benefits that become payable.

We hereby release and waive any claims for damages which we or the said student might have against Paul Quinn College or its agents and employees in any manner arising from or in the course of medical, mental health, or dental treatment or procedure administered to said student.

We individually and on behalf of the student, do hereby release, acquit, and forever waive and discharge the said **Paul Quinn College** and **Kappa Alpha Psi Fraternity, Inc.** and their agents and employees from any and all action claims for compensation on account of personal injuries from instances occurring while the student is enrolled at Paul Quinn College. We, the parent/guardian, will take sole responsibility for any bills incurred which are not covered by insurance. This form also authorizes the release of information pertinent to the treatment of this child.

Parent/Guardian _____ *Insurance Carrier _____

Address _____ Address _____

City/State/Zip _____ City/State/Zip _____

Home # _____ Policy/Medicaid No. _____

Work/Cell # _____ Claim Service No. _____

Signature of Parent

Signature of Student

Subscribed and sworn before me this ____ day of _____ 20____ in the state of

_____ and the county of _____

_____ (seal)

*Copy of Insurance Card (front and back) must be provided. **FORM MUST BE NOTARIZED**
Form B

Paul Quinn College

Kappa Kamp Summer Enrichment Program

Health History

The following information is required for the benefit of your child’s health and well-being while attending Kappa Kamp.

Camper’s Name _____

Address _____

Telephone Number () _____

Physician _____

Address _____

Telephone Number () _____

In case of an emergency contact

Name _____

Telephone Number () _____

Relationship to Student _____

Health Problem: List any health problems that your child may have (ex: asthma, allergies, heart condition, seizures, etc.)

List any medication (s) your child is presently taking: _____

The application will not be process until a copy of the camper’s IMMUNIZATON FORM is attached to this sheet.

YOUR SHOT RECORD MUST INCLUDE A MENINGITIS SHOT (MCV4 or Similar) BEFORE THEY CAN BE ACCEPTED.

Texas state law that requires “all students entering a public, private, or independent institution of higher education in Texas beginning in January 2012 must provide proof of immunization for bacterial meningitis” (Senate Bill 1107) before before beginning classes. Please submit proof of vaccination at least ten (10) days before moving into campus housing or before the first day of class. Students cannot move into the dormitory or register for classes until they have provided proof of meningitis and all other required vaccinations.

Form C

Paul Quinn College

Kappa Kamp Summer Enrichment Program

Authorization to Participate in Activities in the Summer Enrichment Camp and Release of All Claims Form

Authorization and release made on this the _____ day of _____ 20 ____, by _____ of _____ County of the State of _____, as parent/guardian of the herein named child.

I hereby authorize my child, _____, to participate in organized Summer Enrichment Camp classes and activities at Paul Quinn college, realizing that such activities involve the potential for injury which is inherent in all activities. I acknowledge that such injuries can be severe as to result in total disability, paralysis, or even death.

In consideration of permission granted _____, (my child), by Paul Quinn College to participate in Summer Enrichment Camp during the Summer of 20____, I hereby release and discharge Paul Quinn College, its agents, employees, officers, and trustees from all claims, demands, actions, judgments, and executions which the undersigned individually and on behalf of _____ my child, ever had, or now has, or may have, or claim to have, against Paul Quinn college, its successors or assigns, for all personal injuries, known or unknown, and injuries to property real or personal, caused by , or arising out of, the above described camp activities.

I, the undersigned, having read this warning and release, and understanding of all its terms, will not hold Paul Quinn College liable for any injuries, disabilities, or the death of _____ my child, caused by his participation in the above-described camp activities. I execute this release voluntarily and with full knowledge of its significance.

In witness whereof, I have executed this release on this day ad year first above written.

Signature of Parent/Guardian

Date

(seal)

Notary

Date Commission Expires

THIS FORM MUST BE NOTARIZED

Paul Quinn College

Kappa Kamp Summer Enrichment Program

LEAVE AUTHORIZATION FORM

In order to ensure the safety of our summer camper related to leaving campus to travel home or elsewhere, we are asking you to complete the following form. If you would like to change or add any names to this form, please contact the camp director in writing.

Camper's Name _____

Name of Parent/Guardian _____

Home Address _____

Home # () _____ Work # () _____

Cell # () _____ Email _____

Name of person(s) authorized to pick up student(s) Please include complete address and telephone numbers

1. _____
Name Relationship to Camper

_____ Telephone () _____

2. _____
Name Relationship to Camper

_____ Telephone () _____

Signature of Parent/Guardian Date

Sworn and subscribed before me this ____ day of _____ 20____ in _____ County and the state of _____.

(seal) _____
Notary

Date Commission Expires

THIS FORM MUST BE NOTARIZED

Paul Quinn College

Kappa Kamp Summer Enrichment Program

I hereby grant permission to Paul Quinn College for my child to:

1. Attend the following events, on or off campus, sponsored by Paul Quinn College, field trips (class), athletic events, and special events (concerts, plays, park events, etc.)
2. Appear in or on the following medium: brochures, videos, newsletters. Radio talk shows, television ads, etc., all of which are used to promote the program. I understand that such promotions will be in keeping with the mission and educational philosophy of Paul Quinn College and that Paul Quinn College reserves the right to utilize such material in current and future promotional projects.

Camper's Name _____

Date of Birth _____

Name of Parent/Guardian _____

Home Address _____

Home # () _____ Work # () _____

Cell # () _____ Email _____

Signature of Parent/Guardian

Date

Sworn and subscribed before me this ____ day of _____ 20__ in _____ County and the state of _____.

(seal)

Notary

Date Commission Expires

THIS FORM MUST BE NOTARIZED

Form F

Paul Quinn College

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Consent to Student Drug & Alcohol Testing

I, the undersigned camper, acknowledge that I am not a drug or alcohol user. I understand that, upon my acceptance as a summer camper at Paul Quinn College's Summer Enrichment Camp. I may be tested if school or camp officials have reasonable suspicion of drug and/or alcohol use. I agree to comply with the rules and regulations of the college's Summer Enrichment Camp in regard to drug and alcohol use. If, upon reasonable suspicion by school officials, I am tested for drug and or alcohol use, I hereby authorize the confidential release of the results of the testing to Paul Quinn College's summer camp director, to my parents or guardians, and other designated school officials as necessary.

Printed Name of Camper

Signature of Camper

Date

Consent and Endorsement of Parent/Guardian

We, the parents or legal guardians of the above camper, hereby acknowledge that we understand Paul Quinn College's Student Drug and Alcohol Testing Policy and consent, upon reasonable suspicion by school officials, to the testing, by urinalysis or alcohol/breath test, of our child, and agree to the confidential release of the test results.

Printed Name of Male Parent/Legal Guardian

Signature of Male Parent/Legal Guardian

Printed Name of Female Parent/Legal Guardian

Signature of Male Parent/Legal Guardian

Date

Paul Quinn College

Kappa Kamp Summer Enrichment Program

Please mail all application to:

Paul Quinn College
3837 Simpson-Stuart Rd.
Dallas, TX 75241
Attn: Maurice A. West
214-379-5575 – office
mwest@pqc.edu

MAIL APPLICATIONS ONLY!!!

Please mail all checks/money orders to:

The Southwestern Education Leadership and Training Foundation (SELTF)
Make payable to: SELTF
1402 Alabama St.
Houston, TX 77004
Attn: Mr. Willie High Coleman, Jr.
713-759-1500– office
whcolemanjr@sbcglobal.net

June 5-17, 2017
Cost \$625 per kamper
Ages 12-16

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