THLA Hotel Summer Camp

Send completed forms for each student and adult staff member attending the Hotel Summer Camp, registration payment (payable to THLA) to Debbie Wieland, 1701 West Avenue, Austin, TX 78701 or email to dwieland@texaslodging.com by **Friday, May 3, 2024**. Camps will be filled on a first come, first served basis. Each camp can accomodate up to 60 students.

Select Hotel Summer Camp Attending	Please select one:	☐ **Houston** June 12, 13, & 14	☐ **Fort Worth** June 19, 20, & 21	☐ **Bryan College Station** June 24, 25, & 26

School District Advisor/Chaperone Registration Form

Advisor First Name: Advisor Last Name:

School Name:

School Address

Street City State, Zip Code

Advisor Home Address:

Street City State, Zip Code

Advisor Phone Number:

Advisor Email Address:

Advisor Food Allergies:

Advisor Emergency Contact

First Name: Last Name:

Cell Phone Number: Home Number:

Work Phone Number:

I understand that the school district staff member is responsible for the conduct and grooming, as described in the Hotel Summer Camp Information and Agenda document, of each student participant attending; that each student participant will be required to take part in all Hotel Summer Camp activities; that no student participant or school district staff chaperone will leave the Hotel Summer Camp except in case of emergency and with permission of the Camp Director. The school district staff chaperone attending hereby grants the person in charge of the Hotel Summer Camp permission to obtain medical help if needed and releases the host hotel, THLA, and its personnel from liability for any occurrence in relation to said Hotel Summer Camp. Photos and videos taken during the Hotel Summer Camp may be used by THLA in publications. All participants agree to stay through the entire Hotel Summer Camp.

Signature of Advisor:

Name of Principal:

Principal's Emergency Contact #:

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Student Participant Registration Form

Advisor First Name: Advisor Last Name:

Student First Name: Student Last Name:

Student Home Address:

Street City State Zip Code

Student Phone Number:

Student Email Address:

Food Allergies: Student Gender:

Emergency Contact

First Name: Last Name:

Cell Phone Number: Home Number

Work Phone Number:

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Please Sign Below

Student Signature:

Advisor Signature:

Parent/ Guardian Signature:

Student Medical Release

THLA Hotel Summer Camp

Note: It's recommended that students travel with a health insurance card. If this is not possible, attach a copy of the insurance card of the primary insured person. If a student is uninsured and/ or insured and additional payment is needed for medical services rendered the financial obligation will fall to the parent(s) or student.

Student First Name: Student Last Name:

Student's Physician Name: Phone:

Who is responsible for medical payment? Name:

If Insured, Medical Insurance Company Name:

Address: City/State/Zip Code:

Name of Insured:

Please list special health concerns or needs (allergies, disability, ect.) below

List allergies to medications:

List current medications and dosages below:

Please list and explain any activity restrictions below

I, the parent or legal guardian of _____(my child), authorize and direct the school district chaperone to obtain medical care for my child in the event such care is reasonably necessary. I understand that, if possible, I will be contacted in the event my child requires medical attention. I grant to a licensed healthcare provider or accredited hospital permission to perform any reasonably necessary medical treatment of my child and agree to be responsible for payment of such care. I release THLA, the host hotel property, its employees, and agents from any damages, liability, or loss resulting from the exercise of discretion in securing good faith medical care for my child.

Parent or Guardian Signature:

Date: