

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 9, 2025**.

Camps will be filled on a first come, first served basis. Each camp can accommodate up to 60 students.

Select Hotel Summer Camp Attending Please select one: Canyon Lakeview June 9, 10, & 11 Houston June 16, 17, & 18 College Station June 23, 24, & 25

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 acknowledge that the school district staff member is responsible for ensuring the conduct and grooming of each student participant, as outlined in the Hotel Summer Camp Release and the "Know Before You Go" document. I understand that all student participants are required to participate in all Hotel Summer Camp activities and that no student participant or school district staff chaperone may leave the Hotel Summer Camp except in the case of an emergency and with the Camp Director's permission. The attending school district staff chaperone grants the Hotel Summer Camp Director permission to obtain medical assistance if needed and releases the host hotel (Canyon Lakeview Resort, Texas A&M University, University of Houston, THLA, and its personnel from liability for any incidents related to the Hotel Summer Camp. Additionally, I understand that photos and videos taken during the Hotel Summer Camp may be used by THLA, Canyon Lakeview, Texas A&M University, and University of Houston in publications. All participants agree to remain for the entirety of the 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:

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Student Medical Release

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:

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Parent/Guardian Permission /Release Form for THLA Hotel Summer Camp

I understand that the school district staff member chaperoning the students attending the THLA Hotel Summer Camp is responsible for:

Conduct and Grooming: Providing oversight and supervision of student participants from their school district during their attendance at the THLA Hotel Summer Camp and associated activities. Ensuring that each student participant from their school district adheres to the conduct and grooming standards described in the "Hotel Summer Camp Information" and

Participation: Ensuring that each student participant takes part in all scheduled Hotel Summer Camp activities.

Attendance: Ensuring that students and school district staff chaperones do not leave the Hotel Summer Camp except in case of an emergency and with the permission of the Camp Director, Debbie Wieland.

Additionally, I acknowledge that:

The school district staff chaperone attending the THLA Hotel Summer Camp has the authority to grant permission to the person in charge of the Hotel Summer Camp to obtain medical help if needed.

I release, waive, and discharge, the host hotel, Canyon Lakeview, the University of Houston, Texas A&M University (TAMU), TAMUS, and the TAMUS Board of Regents and the State of Texas, THLA and their personnel from any liability for any injury or damages arising from any participant's involvement with the Hotel Summer Camp conducted on Canyon Lakeview, University of Houston, or TAMU property.

Photos and videos taken during the Hotel Summer Camp may be used by Canyon Lakeview Resort, Texas A&M University, the University of Houston, and THLA in their publications.

All participants agree to stay for the entire duration of the Hotel Summer Camp.

By signing below, I give my permission for my child to attend the THLA Hotel Summer Camp under these conditions.

Student Name:

Parent Guardian Name:

Parent Guardian Signature:

Date: