

# Student and Parent Handbook

Texas State University-San Marcos  
Summer Theatre Camp

## **Student Guidelines and Responsibilities:**

1. To adapt and learn from a university environment.
2. To comply with all university, housing, and program rules.
3. To attend all classes and activities on time, unless officially excused.
4. To meet with counselors, teachers, tutors, and staff when scheduled.
5. To keep room and personal belongings neat, clean, and orderly at all times.
6. To pay for repairs or replacements of any damaged property.
7. To complete and update medical history, residence, and any pertinent information as soon as changes are in effect.
8. During any camp event/activity, not to wander away from the group, or proceed anywhere without informing proper staff.
9. During the camp, to remain on campus at all times unless accompanied by a staff member, parent, or guardian.
10. Smoking, vaping, or any tobacco product is NOT allowed.
11. Program policy prohibits the use or possession of alcohol, controlled or illegal substances or any weapons while enrolled in the program.
12. The use of drugs is prohibited unless under the medical supervision of the university health center or a physician.
13. All prescribed medications must be registered with the Department of Theatre and Dance at registration.
14. Clothing which depicts drugs, alcohol, vulgar, and/or gang related material, OR which does not appropriately cover the body will NOT be allowed.
15. To respect all fellow students, program staff, and university personnel.
16. Overt-display of affection will not be allowed.
17. No electronic devices (cell phones, i-pods, i-pads, video games, etc.) will be allowed to be used by participants during classes, meetings, or rehearsals.
18. Sexual misconduct will be reported immediately to the Texas State Title IX office.

## **Standard of Conduct & Ethics**

### **Behavior**

Participants are expected to behave in accordance to standards, which contribute positively to a learning environment. This behavior is essential for the development of respect, trust, and leadership abilities that are promoted by the camp and Texas State University, and any negative behavior is not tolerated.

### **Campus**

As you know, Texas State University-San Marcos is hosting the camp and has provided access to the University's resources and facilities. With this in mind, we ask that all participants respect the privilege that has been given by ensuring that at each activity or event during the camp that you respect and care for the facilities by making certain that areas are clean, and that you, as a camp participant, abide by the university policies and procedures, and those of the camp program.

### **Attire**

Attire should not interfere with or distract from the positive learning environment we support.

## **Residential Staff**

When the participants reside at the Texas State University dorms, there will be summer residential staff that will facilitate, monitor, and maintain all events and activities during the duration of their stay. Campers are to abide by the rules and regulations provided by the residential staff at all times. Any violations will be subject to review by the director and may result in removal from camp.

## **Dorms**

Throughout the duration of the camper's stay in the University's dorms, each individual participant is responsible for maintaining the appearance of their area that includes their assigned room and building. Any damages shall be the responsibility of the participant and parent or guardian. There will be a lost key fee imposed on any student who loses his/her room key.

## **Safety**

The safety and welfare of each participant and the group as a whole is a top priority for the theatre camp. We ask that each participant regard safety in the same manner. To maintain safety at all times, we also ask each participant to behave in a manner that will promote safety by making sure other participants abide by our safety rules:

1. No participant shall cause harm to themselves or others.
2. All participants shall be cautious in their daily activities.
3. No participants may wander around the campus without a camp staff escort.
4. Any student driving to campus must relinquish their keys to camp staff at registration. Keys will be returned upon completion of the camp.
5. All accidents or incidences must be reported immediately to a camp staff member, no matter the time of day.
6. All rules and regulations shall be followed to ensure maximum efforts towards a safe environment.

## **Medical History & Insurance**

In order for the camp to provide the maximum effort in safety, we require that each parent/guardian provide their son's/daughter's current medical history and insurance information. Those forms must be completed prior to your son's/daughter's entrance into the camp, and should be updated as needed. This should include all physicians and policy numbers. A copy of proof of insurance is required with the Medical History form.

The medical history should include a list of medications being taken and amount of dosages, as well as a list of all allergies. Please ensure that all documentation remains current and accurate should a medical emergency occur and your child needs immediate medical attention.

During the camp, any participants taking medications must submit their medications to the camp director to keep safely from others.

Camp staff will provide basic Over the Counter medications (Tylenol, Benadryl, etc.); however, a parent/guardian authorization, waiver, & consent form for over-the-counter medication administration must be on file at registration.

### **Release of Camp Participant**

During the two week stay of the camp, the students' schedules are quite full. Programs start early and end late. Time spent in classes, rehearsals and in the dorms creates a camaraderie and bonding experience as each student comes to know the other participants of the camp.

If the student must leave for a short while at any time during the two weeks, it must be arranged **prior to the beginning** of the camp. Please complete the Parental Authorization and Request for Departure form and submit by the first day of camp.

The following Check Out/In procedures must be followed:

Parent/guardian checking in with camp staff before the student's departure,

Provide proof of identity (driver's license) to camp staff,

Allow camp staff to release the student from workshop activities

Upon arrival back to camp after the scheduled event, the student must check back in with camp staff before returning to workshop activities.

Ultimately, consideration must be given to production and performance when taking into account the length and date of the student's absence. If the student's absence hinders the performance, camp staff may need to recast the role or student's production responsibility. This will be handled on a case by case basis.

### **Emergencies**

In case of emergencies we have requested various forms to be provided for the camp. These forms are to allow the camp program to provide medical attention for your child in the event of an accident or medical emergency. Should there be a medical emergency, our procedures are as follows:

-A camp staff member will immediately call 911

-The camp staff is to notify the camp director and legal guardian as soon as possible.

-Depending on the situation, the participant will be transported to hospital, or a trained University personnel will render first aid following the instructions of 911.

-Camp staff will fill out incident report with information regarding accident.

Students who are unable to attend the summer camp must notify the camp director two weeks prior to the start of camp in order to request a refund. The non-refundable deposit will not be refunded. Students who need to leave early for any reason will not be granted a refund since all dorm and meal tickets must be purchased in advance and are non-refundable.

**Please complete and sign the following form indicating you have read, understand and agree to comply with all camp policies, rules and regulations.**

**Texas State University-San Marcos**  
**Summer Theatre Camp**  
**Student Parent Handbook Form of Compliance**

I acknowledge that I have reviewed the rules, policies and procedures outlined in the Student Parent Handbook for the Texas State University Summer Theatre Camp.

I understand that any failure to follow these rules, policies and procedures may result in consequences including, but not limited to, restrictions from camp activities, disciplinary action or immediate dismissal from the camp.

I understand that if dismissed from the Texas State University Summer Theatre Camp for disciplinary reasons, no refund of camp tuition will be granted.

With the understanding that both Student and Parent have read and agree to these terms and conditions, I verify that I am a willing participant of the Texas State University Summer Theatre Camp:

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Student Participant's Name *(Please Print)*

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Student Participant's Signature

Date

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Parent/Guardian Name *(Please Print)*

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Parent/Guardian's Signature

Date

**Release of Liability, Indemnification and Assumption of the Risk Agreement**  
(Form for Minors)

Name of **Minor** (Print): \_\_\_\_\_

Name of Parent/Guardian (Print): \_\_\_\_\_

Relationship to Minor (Print): \_\_\_\_\_

Organization: **Texas State University Department of Theatre & Dance**

Activity: **High School Theatre Camp**

(Please describe specifically the Activity)

Activity Dates: **July 7- July 20, 2024**

**This is a Release of Liability, Indemnification and Assumption of Risk Agreement. Read it carefully and sign below. Completion of this form is required before the above-named Minor participates in the Activity. This document cannot be altered or modified by any verbal or written statements.**

\_\_\_\_\_  
Initial      Releasees:      The "Releasees" in this agreement are the Board of Regents, The Texas State University System, **Texas State University** (name of institution), and all regents, directors, employees, agents, and officers and volunteers of such entities.

\_\_\_\_\_  
Initial      Assumption of Risks: To the best of my knowledge, the above-named Minor is in good health and has no physical limitations that would preclude or impede the above-named Minor's participation in the e Activity listed above (hereafter Activity). I am aware of the risks, perils and hazards connected with the Activity. I acknowledge that loss of property, personal or bodily injury, or death might result from the Activity and/or the acts of others. I voluntarily elect to allow the above-named Minor to participate and engage in the Activity knowing that the Activity may be hazardous to my property, the above-named Minor's property and the above-named Minor. I voluntarily and expressly agree and promise that I assume full responsibility for property loss or damage, and for personal injury, including death, that I or the above-named Minor may sustain as a result of being engaged in the Activity, whether or not based on the negligence or other wrongful conduct of any of the Releasees.

\_\_\_\_\_  
Initial      **INDEMNIFICATION: I ALSO AGREE TO INDEMNIFY, PROTECT, DEFEND (ON DEMAND), AND HOLD HARMLESS THE RELEASEES FROM ANY AND ALL LOSS, LIABILITY, DAMAGE, OR COSTS OF ANY NATURE WHATSOEVER, WHETHER NOW EXISTING OR HEREAFTER ARISING, INCLUDING WITHOUT LIMITATION COURT COSTS AND ATTORNEY'S FEES, THAT THE RELEASEES MAY INCUR DUE TO THE ABOVE-NAMED MINOR'S PARTICIPATION IN THE ACTIVITY WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES OR OTHERWISE. FOR EXAMPLE, I SPECIFICALLY AGREE TO INDEMNIFY, PROTECT, DEFEND (ON DEMAND) AND HOLD HARMLESS THE RELEASEES FROM ANY LOSSES THE RELEASEES MAY INCUR AS A RESULT OF THE ABOVE-NAMED MINOR'S INJURIES OR DEATH, AND/OR THE ABOVE-NAMED MINOR INJURING ANOTHER PERSON OR DAMAGING ANOTHER PERSON'S PROPERTY WHILE PARTICIPATING IN THE ACTIVITY.**

**Release of Liability, Indemnification and Assumption of Risk Agreement, Cont'd**

**THE INDEMNITY OWED BY ME AS SET FORTH HEREIN IS SPECIFICALLY INTENDED TO INCLUDE CLAIMS CAUSED, OR ALLEGED TO HAVE BEEN CAUSED, IN WHOLE OR IN PART, BY THE RELEASEES' OWN NEGLIGENCE.**

\_\_\_\_\_ **Release:** In consideration for facilitating the above-named Minor's participation  
Initial in the Activity I, individually and as the parent/guardian of the above-named Minor, release, discharge, and agree not to sue any of the Releasees for any claims, demands, actions, and causes of action of any nature whatsoever including without any limitation any claims of negligence, arising out of any loss or damage to my or the above-named Minor's property and/or any personal injury or death, that the above-named Minor may sustain whether or not caused by the negligence of any of the Releasees, while participating in the Activity, whether supervised or unsupervised, or while in transportation to or from the Activity.

**THE RELEASE, DISCHARGE, AND COVENANT NOT TO SUE SET FORTH HEREIN IS SPECIFICALLY INTENDED TO INCLUDE CLAIMS CAUSED, OR ALLEGED TO HAVE BEEN CAUSED, IN WHOLE OR IN PART, BY THE RELEASEES' OWN NEGLIGENCE.**

\_\_\_\_\_ **Intent:** I intend that this Release of Liability, Indemnification and Assumption of the Risk Agreement  
Initial bind not only me, but also the members of my family and my spouse, and my heirs, assigns, and personal representatives. I intend this as a release, discharge, and promise not to sue the Releasees. I further agree that this Release of Liability, Indemnification and Assumption of the Risk Agreement should be construed in accordance with the laws of the State of Texas.

\_\_\_\_\_ **Free Act:** I acknowledge that I have read and understand this Release of Liability, Indemnification and  
Initial Assumption of Risk Agreement and understand that it is legally binding. I understand it and sign it voluntarily as my own free act.

I certify that I am the parent and/or legal guardian of \_\_\_\_\_ (name of Minor), of lawful age (18 years or older) and legally competent to sign this Agreement.

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

\_\_\_\_\_  
Date

**Texas State University**  
**Authorization for Medical Treatment For Minors**

I, \_\_\_\_\_, the \_\_\_\_\_ of \_\_\_\_\_,  
(name of parent/legal guardian) (relation to child) (printed name of child)

give the child named above permission to use transportation provided by Texas State University and to participate in this Texas State University travel-related activity. He/She has my permission to participate in all activities related to this event.

I also give permission to an authorized Texas State University representative to furnish such medical care as the child named above may require. Emergency treatment, i.e., treatment in the event of serious illness/injury or the need for hospitalization and/or major surgery, is also granted. The Texas State representative will use all reasonable efforts to contact the emergency reference names herein. Failure of such efforts, however, should not prevent the representative from providing such medical and/or emergency treatment as may be necessary for the best interest of the life of the child named above. I further understand and agree that Texas State University is not liable, financially or otherwise, for any costs incurred as a result of such medical and/or emergency treatment provided to the child named above.

In consideration for providing or securing medical care or treatment to the above-named Minor, I, individually and as the parent/guardian of the above-named Minor, release, discharge, and agree not to sue any of the Releasees for any claims, demands, actions, and causes of action of any nature whatsoever including without any limitation any claims of negligence, arising out of the medical care or treatment provided or secured for the above-named Minor

THE RELEASE, DISCHARGE, AND COVENANT NOT TO SUE SET FORTH HEREIN IS SPECIFICALLY INTENDED TO INCLUDE CLAIMS CAUSED, OR ALLEGED TO HAVE BEEN CAUSED, IN WHOLE OR IN PART, BY THE RELEASEES' OWN NEGLIGENCE in providing or securing medical care or treatment to the above-named Minor.

Please complete the section below.

Name of Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Name of Family Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

In case of emergency, contact \_\_\_\_\_

Work # \_\_\_\_\_ Home # \_\_\_\_\_ Relation to child \_\_\_\_\_

Second Contact \_\_\_\_\_

Work # \_\_\_\_\_ Home # \_\_\_\_\_ Relation to child \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name (Parent or Legal Guardian)

\_\_\_\_\_  
Signature (Parent or Legal Guardian)



## Parent/Guardian Authorization, Waiver, & Consent for Self-Administration of Prescription Medication – Minors on Campus

This form must be completed fully for all Minor participants to self-administer prescription medication. This form must be completed for each camp attended by the Minor camper, for all medications, and each time there is a change in dosage or time of administration of a medication.

All prescription medications, including medications for conditions such as food, drug, or insect allergies; diabetes; asthma; or epilepsy may be brought to the program hosted at/by Texas State under the condition that the Minor participant can self-administer the medication with written authorization by a parent/legal guardian.

Prescription medication must be in its original container labeled by the pharmacist or prescriber. Label must include the name, address and phone number for pharmacist or prescriber. Prescription medications must be stored by camp personnel unless authorization is provided by the parent/legal guardian for the Minor participant to self-carry an emergency use medication.

Minor Participant's Name: \_\_\_\_\_

Medication Name: \_\_\_\_\_ Dose: \_\_\_\_\_

Specific Directions (i.e. on empty stomach, with water, etc.): \_\_\_\_\_  
\_\_\_\_\_

Time/Frequency of administration: \_\_\_\_\_

Relevant side effects: \_\_\_\_\_

Special Storage Requirements (if any): \_\_\_\_\_

Is participant capable of self-managed care? Yes  No  Parent/Guardian Initials \_\_\_\_\_  
Is participant authorized to self-carry this medication for emergency use? Yes  No  Parent/Guardian Initials \_\_\_\_\_

Prescriber's Name: \_\_\_\_\_ MD  NP  PA  DO

Prescriber's Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**I authorize self-medication by the above-named Minor for the above medication. I also affirm that the Minor has been instructed in the proper self-administration of the prescribed medication by the Minor's prescribing medical provider. I agree to release, discharge, indemnify and hold harmless for any and all purposes the camp sponsor, Texas State University, The Texas State University System, the Board of Regents, Texas State University officers, employees, or volunteers against any and all claims that may arise relating to the Minor's self-administration of prescribed medication identified herein.**

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Parent/Guardian Authorization, Waiver, & Consent For Over-the-Counter Medication Administration

Over-the-Counter (OTC) medication administration may be warranted for minor illness or injury to Minor participants while attending a Texas State University hosted/sponsored camp. Parent/Guardian authorization is required for the administration of any OTC medication to a Minor camp participant. Camp personnel cannot administer OTC medication without this authorization.

Minor Participant Name: \_\_\_\_\_

I hereby authorize that the following medications may be given to my child if the need arises. You may dispense only those over-the-counter (OTC) medications checked below:

- Advil/Ibuprofen as directed for minor pain or fever
- Tylenol/Acetaminophen as directed for minor pain or fever
- Hydrocortisone 1% cream/ointment for minor skin rashes or insect bites
- Sunscreen
- Insect repellent
- Other \_\_\_\_\_

I understand that camp personnel reserve the right to use generic equivalents when available for the name brand over-the-counter medications listed above. I understand that such administration will **not** be done under the supervision of medical personnel. I also agree that any first aid treatment may be given as needed. I understand that these over-the-counter medications are not necessarily kept on hand and available to be administered immediately.

Any condition which is associated with fever, pain, significant inflammation, or itching that does not respond to the above outlined treatment will be followed-up by a consultation with the Minor participant's parent/guardian. Parent/guardian will be contacted if any conditions develop requiring treatment with any of the above over-the-counter medications that are not checked.

**I authorize the administration of over-the-counter medications to the above-named Minor as indicated above. I agree to release, discharge, indemnify and hold harmless for any and all purposes the camp sponsor, Texas State University, The Texas State University System, the Board of Regents, Texas State University officers, employees, or volunteers against any claims that may arise relating to the above-named Minor being administered the authorized OTC medications.**

**I have legal authority to consent to medical treatment for the Minor participant named above, including the administration of medication at the program hosted/sponsored by Texas State University.**

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Texas State University–San Marcos  
Summer Theatre Camp  
**Parental Authorization and Request of Departure Form**  
(if applicable)

During the two-week stay of the camp, the students' schedules are quite full. Programs start early and end late. Time spent in classes, rehearsals and in the dorms creates a camaraderie and bonding experience as each student comes to know the other participants of the camp.

If the student must leave for a short while at any time during the two weeks, it must be arranged **prior to the beginning** of the camp. Please complete this form and submit by the first day of camp.

In order for the Texas State Summer Theatre Camp to release your child, we ask that you provide times and dates the students will be away from camp at another event:

Date	Time of departure	Time of return
Date	Time of departure	Time of return
Date	Time of departure	Time of return

Son/Daughter's Name:

I, \_\_\_\_\_  
(LEGAL GUARDIAN)

request the absence of my son/daughter from the Texas State Summer Theatre Workshop. I understand that the only people allowed to sign out the minor child from the Texas State Theatre Camp will be the parents/legal guardians.

I agree to follow the check out procedures which include:  
parent/guardian checking in with camp staff before the student's departure,  
providing proof of identity (driver's license) to camp staff,  
allowing camp staff to release the student from workshop activities.

Upon arrival after the scheduled event, the student must check back in with camp staff before returning to workshop activities.

Ultimately, consideration must be given to production and performance when taking into account the length and date of the student's absence. If the student's absence hinders the performance, camp staff may have to modify the student's participation in camp performances and/or activities. This will be handled on a case-by-case basis.

In case of an emergency please contact Vlasta Silhavy, camp coordinator, immediately.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date