For information regarding the Kappa Kamp Enrichment Program contact: 
Maurice A. West, Director; 214.379.5575 • mwst@pqc.edu • 
3837 Simpson-Stuart Road, Dallas, TX 75241
or
Sean Bradley, Chairman, Kappa Kamp 720.891.6533 • seanebradley@yahoo.com
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)

Male

Student’s Name ___________________________________________ Age ______

Social Security # ______ - ___ - ______ Date of Birth ___________________________

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: ____________________________

Sponsoring Chapter _____________________________________________

Chapter Contact Person __________________ Phone ____________________

Email Address: _________________________________________________

To reserve a space for my child, ____________________________, am enclosing:

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

Form A – Page 1
Paul Quinn College
Kappa Kamp Summer Enrichment Program

METHOD OF PAYMENT

_____ Cashier’s Check
_____ Money Order

_____ Cash (if paying in person only)
_____ Chapter Check

_____ Visa    _____ MasterCard    _____ Discover    _____ American Express


Credit Card Number ___________________________________________ Signature of Card_Holder ____________________________

Expiration Date __________________ Cardholder’s Zip Code __________

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

_____ Authorization to attend Events
_____ Health History
_____ Authorization to participate (notarized)
_____ Consent to Student Drug & Alcohol Testing

_____ Medical Card/Insurance (copy)
_____ Leave Authorization
_____ Medical Consent Form (notarized)
_____ Child’s Photograph

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
Paul Quinn College
Kappa Kamp Summer Enrichment Program

Medical Consent Form

In consideration of the agreement by Paul Quinn College to accept ________________________ as a participant (social security number______-______-__________), 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: ________________________________ (or any successor company) to pay directly to ____________________________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 ________________________ 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 processed until a copy of the camper’s IMMUNIZATON FORM is attached to this sheet.

Form C
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 and year first above written.

_________________________________________  ______________________________
Signature of Parent/Guardian                          Date

(seal)

_________________________________________
Notary

_________________________________________
Date Commission Expires

THIS FORM MUST BE NOTARIZED

From D
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

Form E – Page 1
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 - E –Page 2
Paul Quinn College
Kappa Kamp Summer Enrichment Program

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

___________________________________
Date

___________________________________
Printed Name of Female Parent/Legal Guardian

___________________________________
Signature of Female Parent/Legal Guardian

___________________________________
Date

Both the camper and his parent(s) or legal guardian(s) must sign and return the application and consent form to: Maurice A. West, Director, 3837 Simpson-Stuart Road, Dallas, TX 75241

Form F