


Houston Chinese Youth Camp  
CYC 2023  
Registration Information Packet

2023



Date: Wednesday, July 26 - Sunday, July 30, 2023

Location: Texas A&M University – Corpus Christi, T

Ages: 8 – 18

Registration: \$600

Bus Fee: \$60 for ONE-way transportation

## REGISTRATION PROCESS

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Registration for Houston Chinese Youth Camp (CYC) is a three-step process. ALL THREE steps must be completed before your child's registration is considered complete.

### **STEP ONE:** READ THIS INFORMATION PACKET AND COMPLETE THE **THREE** FORMS.

The following forms are attached to the end of this packet and are also available on our website:

- [Houston Chinese Youth Camp - Release, Waiver and Indemnification Agreement](#)
- [Houston Chinese Youth Camp - Medical Authorization Form](#)
- [Texas A&M University-Corpus Christi - Agreement for Waiver, Indemnification, Assumption of Risk and Medical Treatment Authorization](#)

**Please Note:** Two of the forms are required by Houston Chinese Youth Camp, and one is required by Texas A&M University - Corpus Christi. We recommend that you download and fill out these forms in advance as STEP TWO requires you to attach the completed and signed forms to finalize your registration.

### **STEP TWO:** COMPLETE THE ONLINE REGISTRATION.

The online registration will open on **Saturday, April 15, 2023 at 10AM CST.**

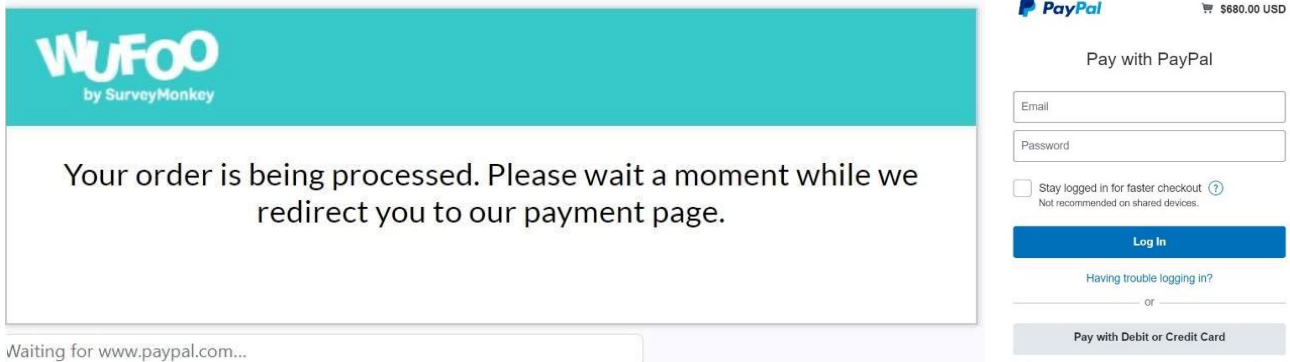
Each child will need to individually register. This includes the online registration, the three forms mentioned in STEP ONE, and payment. The online registration will take approximately 20 minutes to complete and will require the following information:

- Camper Information: Name, Date of Birth, Phone, Email, Grade (Fall 2023), Language Proficiency
- Camper Medical Information: Allergies, Medical Conditions, Prescriptions, Insurance
- Parent/Guardian Information: Name, Phone Number, Email, Language Proficiency
- Emergency Contact Information: Contact must be different from Parent/Guardian.

**Please Note:** Each form must be **completed in full and signed** when attaching to your online registration. It is VITAL that the information provided is accurate as groups are based on these factors. **Any inaccurate information leading to the rework of groups or dorm assignments will incur a \$100 fee. Completed registrations are non-transferable.**

## STEP THREE: COMPLETE PAYPAL PAYMENT.

Once the online registration form is submitted, you will be redirected to the payment page. Please do not close out of your browser or window! On the PayPal payment screen, you can sign into your PayPal account *or* if you do not have a PayPal account you may select "Pay with Debit or Credit Card". The total fee will be displayed in the top right corner.



## REGISTRATION ACCEPTANCE

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If you have completed all three steps in the registration process, you will receive a confirmation email within 10 business days from our Registrar. **Completed applications which include the registration, signed forms, and paid fees are non-transferable.** If you have any questions that cannot be answered by this packet or our website or if you do not receive your confirmation within 10 business days, please email registrar@houstoncyc.com. Thank you for your understanding and patience while we work hard to create the best possible experience for your child.

## WAITLIST INFORMATION

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To ensure safety and the optimal camper experience, Registration will close once we hit maximum capacity. At that time, the waitlist will be made available on our website.

We encourage all campers to sign up for the waitlist. The waitlist is available on a first come, first serve basis. As spots become available, campers at the top of the waitlist will be given further instructions via email on how to submit their forms and complete payment. You will have 7 calendar days to complete both steps before you forfeit the opportunity to register. **Waitlist spots are non-transferable.**

## REFUNDS

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Please refer to the table under *Registration Fees* for further details. Eligibility for any refund of fees is based on the date in which CYC is notified. Please email **BOTH** registrar@houstoncyc.com **and** info@houstoncyc.com to request a refund.

## REGISTRATION FEES

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Date	Registration Fee	Bus Fee (a)	Camp Fee Refund Policy (b) (c)
April 15th through June 30th, or until maximum capacity	\$600	\$60	Full refund less \$20 Processing Fee
July	Registration Closed		No Refunds

**Please Note:**

- (a) **Bus Transportation:** Transportation from Houston (location to be determined) to Texas A&M – Corpus Christi must be pre-paid at the time of registration. Bus fees are non-transferable. Transportation will leave Houston as early as 8:00 AM. Any camper who is late or misses their assigned bus will need to arrange for their own transportation. **This service is not round-trip.** Parents are required to pick their child up from the university at the conclusion of camp.
- (b) **Refund Policy:** Eligibility for a refund is based on the date in which CYC is notified (not the date of your original registration). Please email BOTH registrar@houstoncyc.com and info@houstoncyc.com to request a refund.
- (c) **Medical Refund:** If your child is unable to attend camp due to medical reasons, a full refund of the registration fee will be issued up until the day prior to camp if accompanied by a physician's note or a positive covid test result (at home or PCR). For campers discharged from camp due to medical reasons, including a positive covid test result, a pro-rated refund will be issued.

## FINANCIAL AID SCHOLARSHIP

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CYC offers a Financial Aid Scholarship to campers seeking to enhance their cultural experience, regardless of financial situation. A 50% discount (registration fee and bus fee, if applicable) is available to those campers who demonstrate that their family income falls at or below the levels indicated by the chart below. Please see the Financial Aid Application for more information.

Family Size (家庭人數)	Family Income (家庭總收入)
2	≤ \$39,440
3	≤ \$49,720
4	≤ \$60,000
5	≤ \$70,280
6	≤ \$80,560

# CYC RULES, POLICIES, AND REGULATIONS

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**Parents please go over the following Camp Rules, Policies and Regulations with your son or daughter. They will be expected to know and follow these rules during camp.**

## **General Rules**

- No camper can be admitted to the camp if he or she is ill. The registration fee is fully refundable up until the day prior to camp with a physician's written document.
- Follow campus policies.
- Follow instructions given by Camp Staff. In case of emergency, report to Staff immediately.
- Be prompt and present at all scheduled camp activities.
- Stay within camp site or assigned locations. Absolutely no leaving from camp without written consent of the Camp Staff.
- Wear camp provided shirt and name tag at all times. No alteration or marking to shirt is allowed.
- Camper will be dismissed if he or she disrupts the order or endangers the safety of the camp, and the parents will be responsible for picking him or her up.
- Smoking, consumption of alcoholic beverages, and drugs are strictly prohibited.
- No gambling, fighting, or carrying of dangerous objects (fireworks, firearms and knives).
- All trash has to be disposed of properly.
- No sandals or slippers allowed except in the dormitory and dances.
- Treat all other campers, Counselors, and Staff with respect and courtesy. Any bullying or misconduct will not be tolerated.

## **Dormitory Rules**

- Visitation by campers of the opposite sex is strictly prohibited. There is a zero-tolerance policy. Campers who violate this policy will be expelled from camp.
- Roommate requests are not allowed.
- Keep rooms and facilities clean and tidy.
- Curfew is strictly observed. Room check will be conducted by Staff after curfew.
- No room or bed switching. Be considerate. Do not make noise.

## **Classroom Rules**

- Maintain order. Follow Staff instructions. Do not wear hats during class.
- Keep classrooms clean. Do not create noise in the hallways.
- No cellular phones or electronic devices are permitted during class.

## **Dining Hall Rules**

- Stay in line to get food. Be courteous and helpful to younger campers.
- Only take what you can eat, and eat what you take.
- Keep the dining hall clean, and clean up after yourself.

## **Check-out Rules**

- Parents will be responsible for picking up their camper if the camper becomes ill, is injured, has problems adjusting to camp life, or violates camp rules and is dismissed by the Camp Staff.
- Except for the above conditions, no early dismissal is allowed unless notification is made prior to camp. Parents are responsible for picking up their camper at the end of camp.
- Parents will be liable for any damages caused by their camper.

**Houston Chinese Youth Camp  
Release, Waiver, and Indemnification Agreement**

I, being the parent or legal guardian of \_\_\_\_\_ (the "Participant"), in consideration for being allowed to continue his or her participation at Houston Chinese Youth Camp and engage in the activities related to being a participant (the "Activities"), I hereby freely, voluntarily, and without duress execute this Release, Waiver of Liability and Indemnification Agreement (the "Agreement") on behalf of myself and the Participant, under the following terms:

**Release and Waiver:** I hereby release and forever discharge and hold harmless Chinese Youth Camp, Inc. and its officers, directors, volunteers, board, or agents (collectively "CYC") from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which may arise or may hereafter arise from my participation in CYC Activities. I understand that this Agreement discharges CYC from any liability or claim that I may have against CYC with respect to any bodily injury, personal injury, illness, death, or property damage that may result from my participation in this year's CYC Activities, including harm resulting from my own negligence or the negligence of other participants. I also understand that CYC does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance. I enter into this agreement for myself, as well as for my heirs, assigns and legal representatives.

**Indemnification:** I agree to indemnify and defend CYC and hold them harmless from any and all claims, causes of action, damage judgments, costs or expenses, including attorney fees which in any way may arise from my participation in CYC Activities which includes but are not limited to damages too destruction of property, injury, death or any liability arising from the acts or negligent acts of myself.

**Acknowledgement of Policies and Procedures:** I acknowledge that I have read, know, and agree to all of the policies and procedures relating to my participation in this year's CYC Activities. I understand that the safe and proper use of all facilities, equipment or participation in the Activities is dependent upon carefully following these policies and procedures.

**Assumption of Risk:** While CYC makes every effort to make its Activities as safe as possible, I understand that CYC Activities may include activities that may be inherently hazardous. I agree to allow myself to participate with full knowledge of the dangers and potential injuries involved. I hereby expressly and specifically assume the risk of injury or harm and releases CYC from all liability for injury, illness, death, or property damage resulting from my participation in this year's CYC Activities.

**Payment for Damages:** I agree to pay or reimburse CYC for any and all damages to any property caused by myself, negligently, willfully or otherwise.

**Photographic Release:** I hereby grant and convey onto CYC sole and exclusive ownership of any intellectual property rights, in any and all photographic images and video or audio recordings made by CYC of me during my Activities with CYC, including, but not limited to, any royalties, proceeds, or other benefits derived from such images or recordings. I further grant an irrevocable, freely transferable, royalty free license to CYC for any images or recordings I may take during my Activities with CYC.

**Arbitration:** I expressly agree that this Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Texas, and that this Agreement shall be governed by and interpreted in accordance with the laws of the State of Texas. I agree that if there is any dispute with CYC, it will be resolved by binding arbitration in the State of Texas, based upon the rules of the American Arbitration Association and Texas law.

**Jurisdiction:** This Assumption of Risk, Waiver, and Release from Liability shall be governed in all respects by the laws of the State of Texas. The parties agree to use the State of Texas for Jurisdiction and Harris County, Texas as Venue for any disputes between the parties related to this Assumption of Risk, Waiver, and Release from Liability.

**Severability:** I agree that in the event that any clause or provision of this Agreement shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Agreement which shall continue to be enforceable.

Executed on the \_\_\_\_\_ day of \_\_\_\_\_, 2023.

\_\_\_\_\_  
CYC Parent or Legal Guardian Signature

\_\_\_\_\_  
Printed Name

**Houston Chinese Youth Camp  
Medical Authorization**

I, the undersigned parent or legal guardian of \_\_\_\_\_ (the "Participant"), do hereby authorize Houston Chinese Youth Camp and its agents or representatives to consent, on my behalf, to any medical/hospital care or treatment to be rendered to him or her upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

Executed on the \_\_\_\_\_ day of \_\_\_\_\_, 2023.

\_\_\_\_\_  
CYC Parent or Legal Guardian Signature

\_\_\_\_\_  
Printed Name

**ALLERGIES, MEDICATION AND OTHER MEDICAL CONDITIONS**

Known Drug and Food Allergies:

\_\_\_\_\_

Known Medical Conditions:

\_\_\_\_\_

Current Medications Taken (include drug name, dose, and frequency):

\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Parent Home Number: \_\_\_\_\_

Parent Cell Number: \_\_\_\_\_

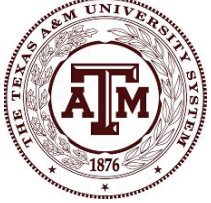
Parent Alternate Number: \_\_\_\_\_

Alternate Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_

Policy and Group Number: \_\_\_\_\_



# THE TEXAS A&M UNIVERSITY SYSTEM

## AGREEMENT FOR WAIVER, INDEMNIFICATION, ASSUMPTION OF RISK AND MEDICAL TREATMENT AUTHORIZATION

I, \_\_\_\_\_, age \_\_\_\_, desire to participate voluntarily in all activities of the Chinese Youth Camp, Inc. (“Activity”), which is sponsored or conducted by or under the auspices of Texas A&M-Corpus Christi (“Sponsor”), a member of The Texas A&M University System. I am fully aware that there are inherent risks to myself and others involved with the Activity, including but not limited to illness, including the COVID-19 virus, its variants and other mutations, injury (including death), and loss of personal property, and I choose to voluntarily participate in the Activity and do voluntarily assume the above mentioned risks as to myself and my property, and to the person and property of others. I acknowledge that the Activity may be physically strenuous. I know of no medical reason why I should not participate.

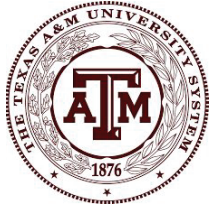
### **HOLD HARMLESS, INDEMNITY AND RELEASE:**

For myself, my heirs, personal representatives or assigns, I do hereby release, waive, covenant not to sue, indemnify and agree to hold harmless for any and all purposes the Sponsor, The Texas A&M University System, the Board of Regents for The Texas A&M University System, and their members, officers, agents, volunteers, or employees (“RELEASEES” and/or “INDEMNITEES”) from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney’s fees and expenses, which may occur to myself, other participants, and third-persons as a result of my participation and conduct in the Activity, while traveling to and from the Activity, or while on the premises owned, leased, or controlled by RELEASEES/INDEMNITEES, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES/INDEMNITEES.** I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

### **NO INSURANCE:**

I understand that RELEASEES/INDEMNITEES do not maintain any insurance policy covering any circumstance arising from my participation in the Activity or any event related to that participation. **As such, I am aware that I should review my personal insurance coverage.** Sponsor does not carry general liability insurance to cover claims arising from the Activity so it seeks a waiver of claims as additional consideration for my right to participate such that Sponsor, a governmental unit of the State of Texas, can (a) provide the activity at the lowest possible cost to participants; and (b) provide access to a greater number of participants by expending limited resources on program materials rather than on liability insurance.





# WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT AUTHORIZATION

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## MEDICAL AUTHORIZATION, INDEMNITY AND WAIVER:

I understand RELEASEES/INDEMNITEES cannot be expected to anticipate or control all of the risks associated with the Activity and RELEASEES/INDEMNITEES may need to respond to illnesses, accidents, injuries, and potential emergency situations. Therefore, **I hereby give my consent for any medical treatment, rescue or evacuation services that may be required** (as determined by Sponsor staff, medics, emergency personnel, or other medical professionals) during my participation in the Activity with the understanding that the cost of any such treatment will be my responsibility. **I, for myself, my heirs, personal representatives or assigns**, agree to indemnify and hold harmless INDEMNITEES for any costs incurred to treat me, even if an INDEMNITEE has signed medical care facility documentation promising to pay for the treatment due to my inability to sign the documentation. **I, for myself, my heirs, personal representatives or assigns**, further agree to release, waive, covenant not to sue, and agree to hold harmless for any and all purposes, RELEASEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me while receiving medical care or in deciding to seek medical care, **including while traveling to and from a medical care facility, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES**. I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

## VOLUNTARY SIGNATURE AND BINDING OF HEIRS AND ASSIGNS:

In signing this Agreement, I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed. Sponsor has not made and I have not relied on any oral representations, statements, or inducements apart from the terms contained in this Agreement. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future. **For students engaging in extracurricular activities:** I understand I can choose not to sign this document and free myself from its terms and the associated risks of the activity by simply not participating in the activity and choosing some other activity available to me that has a lower level of risk to me. I further understand this is a voluntary activity and that not participating in this activity will in no way hinder my ability to obtain a degree from member institutions of The Texas A&M System. **For students going on field trips, foreign travel or other class-related activities:** I understand participation in this class/fieldtrip/activity is not mandatory and I will not be penalized for failing to participate in this activity because an alternative activity exists for which I can receive like credit. While I understand alternative activities are available to me that do not have the risks associated with the Activity I still desire to voluntarily engage in the Activity.

It is my express intent that this Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Texas.



# WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT AUTHORIZATION

**SIGNING THIS DOCUMENT INVOLVES THE WAIVER OF VALUABLE LEGAL RIGHTS.**

**Should you have any questions about these rights and the ramifications of signing this document you should consult an attorney.**

SIGNED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Participant Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Participant's Date of Birth: \_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_

(If Participant is under 18 years old)

Parent or Legal Guardian Printed Name: \_\_\_\_\_

(If Participant is under 18 years old)

<b>Participants Name:</b>	
<b>Address:</b>	
<b>Phone:</b>	
<b>UIN or Driver's License#</b>	
<b>Student</b> <input type="checkbox"/> <b>Fac/Staff</b> <input type="checkbox"/> <b>Dependent</b> <input type="checkbox"/> <b>General Public</b> <input type="checkbox"/>	
<b>Participant Emergency Contact Information</b>	
<b>Emergency Contact Name:</b>	
<b>Address:</b>	
<b>Phone:</b>	
<b>Alternate Phone:</b>	
<b>Relationship to Participant:</b>	