



Sul Ross State University Talent Search
TRIP INTEREST FORM



Please complete all of the below information, it will be provided to the universities we are visiting. To attend you must provide the following:

- **Should something come up and you are NOT able to attend, please contact Talent Search at 432-837-8651 as soon as possible.**

FORMS MUST BE COMPLETED!

Trip: _____

Date: _____

Students Name: _____

School: _____

Mailing Address: _____

City, State, Zip: _____

Student's Cell Number: _____
(number to text/call on trip to wake up/notices/etc.)

Student's Email Address: _____
(for universities to send you info after trip/tour)

Parent's Phone Number: _____

Date of Birth: _____ Sex: _____ Date ACT/SAT Taken: _____ Score: _____

Major or Career Interest: _____

Are you attending Summer School, circle the correct answer: _____

FORMS MUST BE COMPLETED!



Sul Ross State University Talent Search - BEHAVIORAL AGREEMENT



In order to assure the safety and comfort of all students attending Talent Search Program Activities, the following behavior agreement is required. **Please review the rules with your parents and if you feel you can abide by them, sign your name, have your parent sign, and return to your TS Coordinator. Failure to complete this form will automatically disqualify you from participating in the program.**

Rules for all Talent Search Activities/Trips:

I **will** obey the law and rules of the Talent Search Program.

I **will not** engage in any inappropriate public displays of affection (no lap sitting, extended hugging, massaging, kissing, sharing blankets, etc.). **No Sexual Contact of any kind is allowed.**

I **will not** bring, purchase, or use any form of alcohol or cigarettes, and will not take any other drugs unless the medication is authorized by a parent or guardian.

I **will not** carry any weapons of any kind.

I **will not** shoplift from vendors, or stores, or steal from other students/staff.

I **will not** be allowed in hotel/dorm rooms of persons of the opposite sex at any time for any reason.

I **will not** go to the hotel/dorm rooms of other students without their permission.

I **will not** sneak out of my room or order food that will be delivered after "lights out".

I **will not** associate with strangers that are not part of the Talent Search group.

I **will not** give out my room number, phone number, address, school name, or other personal information.

I **will** stay with the Talent Search group during all activities. If it is necessary to leave the group, I **will** request permission from a Talent Search Staff member before doing so.

I **will** conduct myself with respect, wear appropriate clothing, not engage in foul language, and **will** respect the rights of others at all times.

I **will** show respect to all TS Staff at all times. If I disagree with them at any time, I **will** address my concerns with them in a respectful manner.

I **will** represent Talent Search and Sul Ross State University in a positive manner at all times.

If I have any doubts about these rules and what they mean, I will discuss my concerns with the Talent Search Staff before getting myself into a compromising situation.

I agree to the above rules and will adhere to them completely. Failure to abide by each of the listed rules may result in my dismissal. I understand that if it becomes necessary, the TS Staff will call my parents and they will be required to pick me up IMMEDIATELY! I also understand that further disciplinary action may occur. For example, I may not be allowed to attend future trips and I may be terminated from the TS Program.

Date

Student Signature

I, as the parent of the above-named student, support the rules listed above. In the event that it becomes necessary for a member of the staff to call me at the number(s) listed below, I understand that I will be responsible for picking up my child immediately, including out-of-town locations. I will also support the staff in their decision to disqualify my child from future TS activities or to terminate them from the Talent Search Program if they deem it necessary. I will provide my child with punctual pick-up or he/she will lose the privilege of attending future trips.

Date

Parent/Guardian Signature

Main Phone #

Alternate Phone #:



**Sul Ross State University Talent Search -
Trip Permission Form and Authorization for
Medical Treatment**



Student Name: _____ School: _____

As the parent/guardian of the above-named student, I hereby authorize the Talent Search Director and her authorized staff to furnish such diagnostic, medical and/or surgical treatment of my child as may be considered necessary or appropriate under the circumstances for the treatment of any illness or injury of the child. Sul Ross State University and its officers, regents, and employees shall not be liable in any way for any consequences from said diagnostic, medical, and /or surgical treatment and are hereby released from any and all claims and causes of action that may arise out of or is incident to such diagnosis, treatment or surgery to the extent allowed by law, except as provided for through the group medical insurance plan if the student contracted for the same prior diagnosis, treatment or surgery. Sul Ross State University Talent Search does not assume any financial or other responsibility but wishes to provide the best services possible in an emergency. In case of sudden illness or accident, I consent to emergency treatment by the professional medical/nursing staff available to my child. In case of serious illness/accident, I will be notified immediately, but if I cannot be reached, necessary interim emergency care may be provided by professional medical/nursing staff or by a physician/nurse designated by Talent Search. Furthermore, I agree to be at the designated time and place of drop-off and pick-up for all TS trips. I realize that if I fail to provide my child with punctual pick-up, he/she will lose the privilege of attending future TS trips.

PLEASE COMPLETE THE SECTION BELOW FOR YOUR FAMILY’S MEDICAL HEALTH PROVIDER:

Emergency Contact Person #1: _____ Relation: _____

Phone # for Contact Person: _____

Work Home Cell

Emergency Contact Person #2: _____ Relation: _____

Phone # for Contact Person: _____

Work Home Cell

Name of Insurance Company: _____ Policy # _____

Name of Family Physician: _____ Phone # _____

List any special medical conditions your child may have, including prescribed medicine(s) taken regularly: _____

Please check the appropriate spaces for over-the-counter medicine that can be administered to your child:

Ibuprofen **Advil** **Aleve** **Tylenol** **Pepto Bismol** **Tums** **Benadryl**

I, as the parent or guardian of the above named student, have read and agree to the statements above. In the event the emergency information changes, I will contact the Talent Search Office with those changes immediately.

Parent’s Name (Printed) Parent’s Work # Parent’s Home # Parent’s Cell #

Parent’s Signature Date



**Sul Ross State University Talent Search -
ASSUMPTION OF RISK AND RELEASE
AGREEMENT**



Student Name: _____ School: _____

IDENTIFYING DESCRIPTION OF ACTIVITY AND/OR TRAVEL: TSIA2 Boot Camp

TRIP TO VISIT: Sul Ross State University

DATE AND TIME (SEE YOUR STUDENT'S SCHOOL BELOW)

PRESIDIO: 9/30/24 8:00am from PHS-9/30/24 5:30pm at PHS

ALPINE: 9/30/24 9:30am from AHS -9/30/24 4:00pm at AHS

FT DAVIS: 9/30/24 9:00am from FDHS-9/30/24 4:30pm at FDHS

FT STOCKTON: 9/30/24 8:30am from FSHS-9/30/24 5:00pm at FSHS

My child voluntarily applied to participate in the above Activity and/or Travel. I am fully competent to sign this Assumption of Risk and Release Agreement, which I sign voluntarily and based upon no compulsion or representation not contained in this agreement.

I acknowledge that the nature of the Activity and/or Travel could possibly expose me to hazards or risks that could result in illness, personal injury, or death and I understand and appreciate the nature of such hazards and risks. I understand and agree that if I do not comply with all the rules, university policies and regulations, and instructions relating to this Activity and/or Travel, SRSU has the right to terminate my child's participation in this activity.

In consideration of being permitted to participate in the Activity and/or Travel, I hereby assume and accept all risk to my child's health, injury, or death that may result from such participation, including transportation and all other adjunct activities, and I hereby release SRSU its governing board, officers, employees and representatives from any and all liability to my child's personal representatives, estate, heirs, next of kin, and assign for any and all claims and causes of action for loss of or damage to property and for any and all illness or injury, including death, that may result from or occur during my participation in the Activity and/or Travel, whether or not caused by the of the negligence of SRSU, its governing board, officers, employees, or representatives. I further agree to indemnify and hold harmless SRSU and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from my child's negligent, grossly negligent, or intentional act or omission while participating in the described Activity and/or Travel.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR THE PARTICIPANT'S INJURY OR DEATH OR DAMAGE TO THE PARTICIPANT'S PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE ABOVE-DESCRIBED ACTIVITY AND/OR TRAVEL AND THAT IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY PARTICIPANT'S NEGLIGENT OR INTENTIONAL ACT OR OMISSION. THIS AGREEMENT SHALL BE CONSTRUED IN ACCORDANCE WITH THE LAWS OF THE STATE OF TEXAS, WHICH SHALL BE THE FORUM FOR ANY LAWSUITS FILED UNDER OR INCIDENT TO THIS AGREEMENT OR ACTIVITY.

I HAVE RECEIVED A COPY OF THE RESPONSIBILITIES OF PARTICIPANTS, UNDERSTAND THESE RESPONSIBILITIES, AND AGREE TO ABIDE BY PROGRAM AND UNIVERSITY REGULATIONS.

Parent/Guardian Signature

Student Signature

Printed Parent/Guardian Name

Printed Student Name

Date

I ____ agree or ____ disagree to have my child's picture used in press releases, promotional materials for the Talent Search Program, and workshops. (please check whether you agree or disagree)

Parent/Guardian Signature

Printed Parent/Guardian Name



**Sul Ross State University Talent Search
PARENT INFORMATION SHEET
KEEP THIS SHEET FOR YOUR RECORDS!**



TRIP FREQUENTLY ASKED QUESTIONS:

1. Trip Location: Alpine, TX.
2. Departure and Arrival times:
 - Alpine- 9/30/2024 9:30am from AHS, 9/30/2024 4:00pm at AHS
 - Ft. Davis- 9/30/2024 9:00am from FDHS, 9/30/2024 4:30pm at FDHS
 - Ft. Stockton- 9/30/2024 8:30am from FSHS, 9/30/2024 5:00pm at FSHS
 - Presidio- 9/30/2024 8:00am from PHS, 9/30/2024 5:30pm at PHS
3. Hotel and Lodging information: N/A
4. Universities to be visited: Sul Ross State University
5. Activities to prepare for: TSIA2 Boot Camp
6. Sponsor/Chaperone information:
 - Alpine/Ft. Davis/Director: Kaylee Plowman 432-294-5782
 - Ft. Stockton:
 - Presidio:

KEEP THIS SHEET FOR YOUR RECORDS!