Dear Parent / Guardian:

Thank you for your interest in Texas Asthma Camp! As the oldest asthma camp in Texas, this year marks our 33rd year of summer fun and better breathing for kids with asthma. Please review the information below very carefully. **Your child will NOT be able to attend camp until ALL forms are completed and on file with the Camp Director’s office.**

**Application to Attend**

Complete the application and either mail it to the address above with the required $25 non-refundable application fee or attach a legible scanned copy to the email address above and mail the application fee separately. **The application fee is required for each child even if you intend to apply for financial aid.** To protect the privacy of your child’s health information, we do not currently offer an online application. We would prefer not to accept faxed copies as these are often not legible – we request originals or scanned copies.

**Medical and Release Forms**

There are a total of four forms in this section: two release forms for (1) UT Health Northeast and others involved in conducting the camp and for (2) Camp Tyler; there are also two medical forms to be completed by the (1) parent/guardian and the (2) doctor/mid-level provider. You may return these forms with the application or send them separately – but all are due no later than Monday, June 15.

**Cost / Financial Aid Application**

The cost of camp is $275 per child and includes a required and non-refundable application fee of $25 (regardless of financial aid application) and a balance due of $250 by Monday, July 2. Call (903) 877-7075 if you need to discuss extending this deadline for payment. To apply for financial aid, complete the form located under Cost/Financial Aid link on the Texas Asthma Camp homepage.

**Make checks payable to: UT Health / Texas Asthma Camp**

**IMPORTANT:** Your child will not be officially registered until we have received a readable copy of the application and the application fee of $25. Registration for camp is limited and eligible campers are accepted on a first-come, first-serve basis with additional consideration given to children whose asthma is more severe.

Mail Application With $25.00 Application Fee To: UT Health Science Center, ATTN: Texas Asthma Camp – Rhonda Scoby, 11937 U.S. Hwy 271, Tyler TX 75708 or attach scanned copy to email at michelle.wells@uthct.edu
2018 Texas Asthma Camp Application
To Be Completed by Parent/Guardian

PLEASE PRINT CLEARLY

Indicate your relationship to the child named in this application (Check One):
☐ Mother  ☐ Father  ☐ Stepmother  ☐ Stepfather  ☐ Guardian (Guardian’s Relationship to Child) ____________

Child’s Legal Name: ______________________________________ Age at Camp: ______
Name Child is Called By: ___________________ Date of Birth: ______________  ☐ Boy  ☐ Girl

Your Child’s T-Shirt Size (Circle Size): Child S  Child M  Child L  Adult S  M  L  1X  2X  3X

Primary Parent/Guardian Name: ____________________________________________
Address: _____________________________ City: ___________________ State: ____ Zip: ______
Place of Work: ____________________________________________________________
Daytime Phone: ________________________ Evening Phone: _____________________
Cell Phone: __________________________ Email Address: ___________________________

Alternative Parent/Guardian Name: ____________________________________________
Address: _____________________________ City: ___________________ State: ______
Place of Work: ____________________________________________________________
Daytime Phone: ________________________ Evening Phone: _____________________
Cell Phone: __________________________ Email Address: ___________________________

1. Who does your child live with during the summer? _____________________________
2. How many years has your child attended Texas Asthma Camp? ___________________
3. How did you hear about Texas Asthma Camp? ________________________________

4. Does your child have any other health or developmental issues? (ADHD, allergies, etc.)? If yes, please list them. Failure to disclose ALL health or developmental issues may result in your child being sent home at check-in or during camp: ____________________________________________

5. Will you be applying for financial aid for your child? ☐ YES  ☐ NO
   (If yes, be sure to complete the Financial Aid Form and return by the deadline indicated on the form.)

____________________________________________________
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