Come play with us this summer!

Join us for the 2022 Texas State University

Play & Inquiry Workshop

Real play-based learning with Real TEKS-based assessment

Looking for a hands-on summertime educational adventure in an inquiry-lead, play-based curriculum with a multilingual group of San Marcos’ children ages 3 to 8? Register today!

June 13 through June 30, Monday – Thursday, 8:30 - 11:30 am
Bonham Prekindergarten Campus, San Marcos Texas

Question? Contact Diane Osborne at diosborn@txstate.edu or (512) 245-3680
1 child = $110
2 children = $205
3 children = $300

Email address: _______________________________
(Used only to notify you about the workshop)

2022 PLAY AND INQUIRY SUMMER WORKSHOP – Ages 3-8
June 13th – June 30th, 2022 (Monday – Thursday 8:30am – 11:30am)

DEPARTMENT OF CURRICULUM & INSTRUCTION
CHILD CARE AGREEMENT, ENROLLMENT POLICIES AND
AUTHORIZATION INFORMATION

Child’s Legal Name ______________________ Age ______ Birthdate ____________________

Child’s Nickname or Preferred Name: ______________________________________________

Home Address ________________________________ Phone __________________________

Parents’/Guardians’ Names ______________________________________________________

Phone numbers where parents/guardians can be reached while child is in program:

Parent 1 ___________________ Parent 2 ___________________ Guardian _______________

If parents/guardians cannot be reached in case of emergency, call _______________________

Relationship to person __________________________ Phone __________________________

1. In the event that I cannot be reached to make arrangements for emergency medical
attention, I authorize the Summer Workshop Director(s) to take my child to

Dr. _________________________ Address __________________________________________

Phone _________________________ or to __________________________________________

Clinic or Hospital, and I give consent for any and all necessary treatment for my child
when the child is in the care of either one of these individuals.

2. I authorize my child ________________________________ to be released by the

Summer Workshop staff only to the following persons: __________________________

_________________________________________________________
3. I hereby give my consent for my child to participate in walking field trips supervised by the Summer Workshop Staff.

4. I hereby give my consent for my child to be videotaped and/or photographed during his/her participation in the Summer Workshop. I also give my consent for these videotapes and/or photographs to be used in education classes or professional development opportunities as examples of play-based curriculum.

5. I understand that my child will be as closely supervised in all activities as is possible. I further acknowledge that Texas State University-San Marcos, its employees and students will not be held responsible for accidents or injuries of any kind. I further acknowledge that Texas State University-San Marcos is not providing any insurance coverage of any kind. If I wish my child to be covered, I will provide the coverage myself.

6. It is recommended that parents who do not have insurance coverage for their child should secure insurance for the duration of this program.

I HAVE READ AND UNDERSTAND THIS AGREEMENT, AND HAVE PROVIDED THE INFORMATION REQUESTED. I AGREE TO THE POLICIES STATED AND WILLINGLY SIGN MY NAME.

_________________________________________ _____________________________
Parent’s or Guardian’s Signature Teacher’s Signature

_________________________________________  ____________________________
Email Address Date

(This will be used only for our contact information.)

_________________________________________________________________

CHILD’S NAME ___________________________________

Any special problems we should be aware of:

Health? ___________________________________________________________________

Food? _____________________________________________________________________

Other? _____________________________________________________________________

Please return this form to: Play & Inquiry Workshop – Curriculum & Instruction Dept.  
Texas State University - ED 3055 – Diane Osborne  
601 University Drive  
San Marcos, TX  78666

Questions and payments (checks to Texas State University) should be directed to:  
Diane Osborne at do11@txstate.edu, 512/245-3680.
Texas State University
UPPS 05.06.03
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/They has/have 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.

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)
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

Activity: 2022 Texas State Play and Inquiry Workshop

(Activity Please describe specifically the Activity)

Activity Dates: June 13 - June 30, 2022 (Monday through Thursday)

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.

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

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 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.

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.
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 RELEASEEES’ OWN NEGLIGENCE.

Release: In consideration for facilitating the above-named Minor’s participation 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 RELEASEEES’ OWN NEGLIGENCE.

Intent: I intend that this Release of Liability, Indemnification and Assumption of the Risk Agreement 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 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