



Carnegie Vanguard High School | Houston Independent School District

10401 Scott Street, Houston, TX 77051 (713)732-3690 Fax (713) 732-3694 Ramon Moss, Principal

May 17, 2011

Dear New Carnegie Vanguard Student (Class of 2015),

Since you have been accepted as a Carnegie Vanguard Freshman student for the 2011-12 school year, you are hereby invited to attend the Vanguard Orientation Camp (FISH CAMP) beginning Monday, August 15th through Wednesday August 17th, 2011. The camp is at Trinity Pines and is located on the shores of Lake Livingston just outside Trinity, Texas about 100 miles north of Houston. We board the bus at 2:30 PM on Monday August 15th and return around 12:00 PM on Wednesday.

This camp has been very successful in previous years. We are looking forward to you joining us for this, your initial Vanguard experience, at a minor cost to you and your family. During the two and a half days at camp, you will:

- Learn to know other Freshmen with whom you will share the next four years
- Have free time to visit with old and new friends
- Meet Seniors (2011) and Juniors (2012) who will serve as counselors
- Participate in daytime activities that encourage sharing and trust
- Enjoy a late night under the stars
- Swim, play basketball and have a dance
- Eat the best camp food in East Texas

You will need to bring the following items: a flashlight with fresh batteries, comfortable closed toe shoes such as tennis shoes or hiking boots (**sandals of any type are not permitted**), sleeping bag and/or sheets, a pillow, towels, insect repellent, toiletries (shampoo, soap, toothbrush, contact supplies, etc.) and enough tee shirts, underwear, shorts, jeans to last through two hot, sweaty days. It is hot!

Do not bring cigarettes, drugs, knives, guns, lighters, valuables; make up, jewelry, food, pets of any kind, pagers, stereos, walkmans, cell phones, etc. If you have a question, you should probably leave the item at home.

To accept this invitation, it is absolutely essential that you sign and return the attached medical release/information/parent information form to the office by Monday August 1, 2011, along with cash, check, or a Postal Money Order for \$120.00 made out to Carnegie Vanguard High School PTO. We must let the camp know how many of you will be able to come. If you need another copy of the form, you can find it on the school website under student activities, FISH Camp. If you would like to be a chaperone the cost is \$100.00 and you must be registered as a VIP before you can participate. This process normally takes two weeks; you can register online at www.houstonisd.org, and we must have a copy of your Drivers License in order to complete the process.

The Carnegie Vanguard PTO has a limited amount of money available to those for whom \$120.00 may be difficult at this time. If you will please advise me of your need as soon as possible, we can offer a few scholarships. By all means, please do not forego the experience because of money.

If you need any more information, please feel free to call me at 713-732-3690 or email me at hbullis@houstonisd.org and bullis.english1@gmail.com. We look forward to working with you this summer and throughout your high school career.

Sincerely,

Heather Bullis
English I Pre-AP

REGISTRATION FORM

Submit one form per participant. Complete sections I, II, and III and mail with \$120 payment to:
Carnegie Vanguard High School PTO, 10401 Scott St, Houston, TX 77051

I. General Information

Name (Last, First, MI) _____

Address (Street, City, State, Zip) _____

Custodial Parent/Guardian Information

Registrant is in the custody of: Both Parents Mother Only Father Only Other: _____

Mother /Guardian Name _____ Daytime Phone _____ Work Phone _____ Alt Phone _____

Father /Guardian Name _____ Daytime Phone _____ Work Phone _____ Alt Phone _____

Emergency Contact (other than Parent/Guardian) _____

Relationship _____ Daytime Phone _____ Work Phone _____ Alt Phone _____

Parent/Guardian Permission: As a legal guardian I give permission for the registrant to participate in all phases of camp activities. I understand and agree to cooperate with all regulations. In an emergency, when the undersigned or other person named cannot be reached, I give permission for the camp authorities to take any emergency measures deemed appropriate. It is understood that all reasonable efforts will be made to contact the parent/guardian.

I understand that when participating in Fish Camp activities the registrant may be photographed for print. I understand that the images may be used in promotional and fundraising materials, news releases and other published formats.

Check if registrant **MAY NOT:** Be photographed for yearbook purposes

MAY NOT: Participate in _____ e.g., active sports, swimming, etc

Signature of Parent/Guardian _____ Date _____

II. Camp Activities (check which activities you are most interested in)

Volleyball Basketball Ropes Course Soccer Swimming

III. Camp Payments

Camp Registration begins May 17, 2011. A \$120.00 payment must accompany registration form.

Camp Registration ends August 1, 2011.

Payment may be made by cash, personal check, or money order. A \$35 service charge will be levied on all returned checks.

T-Shirt Order:

All t-shirts will be ordered in adult sizes

Sm Med Lg X-Lg

Payment Type:

Cash Check Money Order

Donation:

This donation will be used for camp scholarships

\$50 \$75 \$100 Other _____

Trinity Pines Conference Center
Assumption of Risk and Release and Medical Authorization
For Students and Adults

Group Name _____

Name of Participant/Camper _____

Address/Phone _____

I, and my parents or legal guardian (if a minor), am/are fully informed about and aware that during my stay at Trinity Pines Conference Center, Trinity, TX, also known as Trinity Pines, certain risks and dangers will occur. These include, but are not limited to, the hazards that arise from being in a wilderness area, the forces of nature and other hazards arising out of the content of this program which include, but are not limited to, volleyball, soccer, softball, basketball, archery range, wilderness hiking, swimming (in a pool that has 1m and 3m diving boards), canoeing, and a challenge course which has a climbing wall, zip lines, high and low elements, and a team power pole. In consideration of Trinity Pines providing and my willingness to engage in these rigorous activities and a special environment, I have and do hereby hold Trinity Pines, its officers, directors, trustees, agents, employees, and/or volunteers, harmless from any and all claims, liabilities, suits, actions, causes, damages or losses and demands of every kind and nature whatsoever, including without limitation, all costs and attorney's fees, which may arise from or in connection with my stay or participation in any activities arranged for me by my organization or my group leaders or Trinity Pines. Injuries may include, but are not limited to, emotional injuries, physical injuries, or death. The terms hereby shall serve as a release and assumption of risk for me, my heirs, executors, administrators, and for all members of my family. I authorize the use of my or my child's photograph on the Trinity Pines website or brochures for camp updates and communication. In case of an accident or illness, I authorize Trinity Pine's nurse or first aid personnel to examine, treat, or administer medications for any illness or injury to my child as deemed necessary. In the event of an emergency and if I cannot be reached by telephone, I authorize such persons to obtain any medical care (including hospitalization, injection, anesthesia, and surgery) from a licensed, certified, or authorized health care provider for my child as deemed necessary. I accept sole responsibility for the payment of any medical care. I hereby release, indemnify and hold harmless Trinity Pines, its officers, directors, trustees, agents, employees, and/or volunteers, from and against any and all claims, liabilities, or damages arising from any act, omission, negligence, or gross negligence of any such health care provider or of Trinity Pines, its agents, and employees.

Signature of Participant/Camper _____
Date

Signature of Parent or Legal Guardian (if a minor) _____ _____
Phone no.(s) Date

Physician Name/Phone _____
Emergency Contact/Phone

Allergies/Medical Conditions/Activity Restrictions

rev. 2/13/08