

Camp Program for Minors Third Party Application Form

Please have this filled out to the best of your knowledge and leave "tbd" on questions you are unsure about.

Camp Name: _____

Camp Dates: _____

Early-arrival date and time for staff (if different): _____

Type of Program: Overnight Program Day Program

Program Location: On Campus Off Campus Both

Camp Director/Contact Name: _____

Camp Director/Contact Cell Phone: _____ Alternate: _____

Camp Director/Contact Email: _____

Total estimated camp participants: _____

Total estimated camp counselors: _____

A brief explanation of the activities/agenda that will be taking place during this camp:

1. How many days will the program/event occur in total? _____
2. What is the ratio of supervision of counselors to camp participants? (WTAMU's minimal requirement is 15:1) _____
3. Is there a **sport/physical** activity involved in the program? Yes No
4. Will the program's participants enter a **lab or shop** at any time? Yes No
5. Will the program/event staff be dispensing any **medication** to participants? Yes No
6. Will there be scheduled **free time** during the program for minors? Yes No
7. We require **Child Protection and Clery Act trainings** to be completed by all of the counselors within two years of the camp start date. This training is provided at no additional cost. Will your counselors need access to these resources? Yes No

7. We require criminal conviction and sex offender **background check** reports for all counselors conducted within one year of the camp start date. This service has an additional cost. Will you need our office to conduct background checks for counselors?

8. Will the camp counselors or any of its affiliates play any role in the **transport of participants**?

9. If yes, how is the program involved in transporting participants?

10. Which individuals with first-aid or medical training will be present (or in the vicinity) during program activities?

10. Explain your check-in procedures, in regard to process, supervision, and parent/guardian verification:

11. Explain your check-out procedure, in regard to process, supervision, and parent/guardian verification:

12. What procedures have been established for managing the situation if a participant is absent and unaccounted for during the program?

Service and Facilities Needed

Will you need any of the following Athletic facilities? (Charged by the hour)

AC all-purpose room	AC classroom	AC Bowling Alley
AC Indoor Pool	AC Court Reservation	Buffalo Sports Park (i.e. kickball)
AC Mirror Room	The Box (Old Gym)	First United Bank Center (New Gym)

Set-up/Special arrangements: _____

Hours at courts (if applicable): _____

Will you need any of the following Academic facilities? (Charged by the hour)

Marmaduke Computer lab	JBK Student classrooms	JBK Meeting rooms
MMNH (Music rooms)	Alumni Banquet Hall	JBK Legacy Hall (Ballroom)
J.A Hill Chapel	FAC (Fine arts classrooms)	JBK Lawn Space

Note: J.A. Hill Chapel is unavailable until 2025

Other, please specify: _____

Sound systems or A/V equipment needed: _____

Activities held in these spaces: _____

Aramark Food Services (cafeteria and catering):

Number of camper meals: _____

Number of counselor meals: _____

Any boxed meals: Yes No Date:

How many?

Start meal date:

First meal of this day:

Last meal (last date):

Last meal of this day:

Any catering or water services (i.e. water table with cups in a classroom): Yes No

Dates needed:

Card Access Cards:

Number of commuters needing cards:

Numbers of staff members needing cards:

Hall access hours for campers (i.e. 7 am-10 pm) _____

Hall access hours for counselors (i.e. 24/7) _____

Residential Living (dorms):

Counselors - Female _____ Male _____ **Campers** - Female _____ Male _____

Campers age range - _____

Pre-Camp Walk-Through Inspection

Date:

Time: (ex. 11:00am) _____

Check-In

Counselors - Date _____ Time _____ **Campers** - Date _____ Time _____

Camp Safety Meeting - Date _____ Time _____

Housing Desk Hours - Typical desk hours are 7-9 am, 11 am-1 pm, 5-7 pm, and 9-10 pm. Any hours more than seven hours per day will be billed at \$30.00 per hour:

Any preference of housing hall selection: _____

Check-Out

Counselors - Date _____ Time _____ **Campers** - Date _____ Time _____

Camper Hall Card Access (i.e. only main lobby doors) _____

Counselors Hall Card Access (i.e. all hall doors) _____

Any additional notes: _____

If damages occur, Residential Living will bill the camp, and any unreturned room key is billed \$100.00

Checklist for Program

Please email (vgonzalez@wtamu.edu) any marketing material, itinerary, or supporting documents or content that you have created to be included in the Third Party Application.

If this camp has any overnight stays or will occur for < 4 consecutive days and have \leq 20 campers attend then a [TDSHS roster form](#) must be submitted **three** days before the camp start date.

Will email supporting documents.

No, I don't have anything to include.

If you have an event with more than +250 campers, there will be an additional requirement for the CPM Staff (chaperons) to complete the [Crowd Management Training](#) (1 councilor: 250 campers) through an external page and out-of-pocket cost **three** business days before the camp start date.

Will provide a copy before camp starts.

N/A to any of our camps.

All CPM Staff are required to complete the *Child Protection* and *Clery Act Training* provided through WTAMU's Train-Traq portal at no additional cost. A Certificate of Completion from each camp worker must be submitted **three** business days prior to the camp start date.

Will provide a certificates three business days before camp starts.

All CPM Staff are required to provide proof of clearance by conducting a nationwide criminal conviction and sex offender background check **ten** business days before the camp start date.

Will provide copy of reports.

Will request these services with CPM office.

In order to assess risk all camps are **required** to complete a [Hazard Risk Matrix](#) three business days before the camp start date and forwarded to the Risk Management Office for review.

Will make sure to complete and meet 15:1 supervision ratios.

Will complete the above if applicable and email it

(vgonzalez@wtamu.edu).