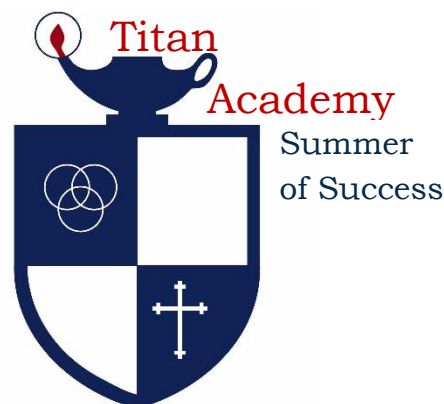


We've added more camp experiences! Check online to see what's new!

www.hteshouston.org

Titan Academy Summer of Success



Exciting Summer Experiences and Enrichment for all ages.

www.hteshouston.org

Dates: May 30-August 18

Registration information: Turn in the attached form or contact Laura Yarbrough @lyarbrough@hteshouston.org

Deadline to register: May 1, 2017

[Week 1 - Adventureland](#) - This week's adventures will include an amazing race and a treasure hunt with a surprising treasure. Campers will enjoy learning about the lives of famous adventurers.

[Week 2 - Moovin' and Groovin'](#) - This week is all about movement and music. Campers will learn about rhythm, making music, choreography, music makers, and choreographers.

[Week 3- Art Smart](#) - Campers will spend this week making and learning about art by reconstructing famous pieces of art and exploring the lives of the artists who created them.

[Week 4 - Myths and Legends](#) - Campers will explore the similarities and differences in several genres of mythology and folklore.

[Week 5 - Sea Rescue](#) - This week campers will be exploring the lives of endangered sea species and the people who work to save them.

[Week 6 - Freedom Fighters](#) - Campers will have a full week learning about historic and modern activists who spent their lives fighting for freedom around the world.

[Week 7 - Time Travelers](#) - This week will be spent exploring various time periods of American history through virtual and active investigations.

[Week 8 - Drama! Drama! Drama!](#) - Spend a week putting on a production from start to finish. Campers will write the script, design the set and costumes, cast the parts, and put on the production.

[Week 9 - Leadership](#) - This week is all about becoming a leader. Campers will learn from other leaders, explore their own leadership qualities, and develop a game plan for becoming a better leader.

[Week 10 - Inventor's Workshop](#) - This week will include a lot of tinkering, learning about famous (and not so famous) inventors, exploring the patent process, and showing off our inventions.

[Week 11 - Game Show Fever](#) - Campers will spend this week playing games and producing a game show.

[Week 12 - Making Memories](#) - Our final week of camp will be spent learning how memories are made and documenting our Summer of Success.

Thank you for your support of Titan Academy. If you have any questions, feel free to contact Laura Yarbrough at lyarbrough@hteshouston.org.

Titan Academy Summer of Success Registration Form

www.hteshouston.org 281-459-4323

Student's Full Legal Name: _____

_____ Last First Middle
Date of Birth: _____ Grade Completed: _____ School: _____

Student's Home Address _____
Number and Street

_____ City State Zip Home Telephone Number

Medical Information

Food Allergies No Yes/List _____ Medication: _____

Insect Sting Allergies No Yes/List _____ Medication: _____

Medication Allergies No Yes/List _____

Is student on a regular medication regimen? No Yes/List Medication: _____

Has the student ever suffered: convulsion or seizure concussion head injury loss of consciousness

I request and give approval that in the event of injury to or assertion of illness by student, representatives of Holy Trinity Episcopal School (School) may administer the non-prescription medications checked below (or their reasonable equivalent) to Student:

Tylenol Benadryl Advil Sudafed Antacid Antibacterial Ointment or spray

Physician's Name: _____ Telephone _____

_____ Address City State Zip Code

If I or the physician above cannot readily be reached and/or if, in the sole discretion of representatives of School, time is too critical to attempt to reach me, I request and give approval for the Student to be transported to an appropriate medical facility for emergency care. I further authorize the medical facility and any attending physicians to perform any and all diagnostic procedures and/or treatments required, including blood transfusions. I agree to assume full financial responsibility for emergency transportation, treatment, and other related expenses incurred on the Student's behalf. I indemnify and hold the School and its representatives harmless for any and all outcomes resulting from the administering of medications approved above, decisions to or not to transport Student, and the transportation of Student.

Insurance Information

Name of Insured _____

_____ Last First Middle Initial

_____ Insurance Company Certificate/Policy Number Group Number Insured's Employer

_____ Insurance Co. Telephone Insurance Company Address

Contact Information

Provide two alternate emergency contacts other than father and mother. You empower these persons to make medical decisions for the Student in your absence and authorize the school to release the Student to these persons.

Relationship Name Cell Phone Work Phone Email

Father _____

Mother _____

I attest that the information provided is accurate and complete, and acknowledge, agree to and approve all requests, stipulations the provisions herein.

Parent/Guardian Signature _____ Date _____

