



DIVISION OF STUDENT SERVICES  
 DEPARTMENT OF MUSIC/UNIVERSITY BANDS  
 3100 CLEBURNE STREET | HOUSTON, TEXAS 77004  
 OFFICE: (713) 313-7336 | FAX: (713) 313-7539  
 www.tsuoceanofsoul.com

**STUDENT EMERGENCY INFORMATION FORM**  
 Houston, Texas 77004

T# \_\_\_\_\_

NAME: \_\_\_\_\_  
Last First Initial

DATE OF BIRTH: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
Street City, State Zip

PRIMARY PHONE: ( ) \_\_\_\_\_ ALT. PHONE ( ) \_\_\_\_\_

Physical Condition: \_\_\_\_\_

Medication/Procedures  
 Required \_\_\_\_\_

**IN CASE OF AN EMERGENCY PLEASE CONTACT/NOTIFY THE FOLLOWING: [LIST TWO (2) PEOPLE]**

Primary:

NAME \_\_\_\_\_

RELATIONSHIP TO ME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City, State Zip

PRIMARY PHONE: ( ) \_\_\_\_\_ ALT. PHONE ( ) \_\_\_\_\_  
 Home  Work  Cell  Home  Work  Cell

Secondary:

NAME \_\_\_\_\_

RELATIONSHIP TO ME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City, State Zip

PRIMARY PHONE: ( ) \_\_\_\_\_ ALT. PHONE ( ) \_\_\_\_\_  
 Home  Work  Cell  Home  Work  Cell

\_\_\_\_\_  
 Student Signature      Date

\_\_\_\_\_  
 Parents Signature      Date



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**WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT  
FOR  
TEXAS SOUTHERN UNIVERSITY**

1. In consideration for receiving permission to participate in the University Band, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Texas Southern University, The Board of Regents, The State of Texas. Their officers, agents, servants, or employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or any of the property belonging to me. WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise, while participating in such activity, or while in, on or upon the premises where the activity is being conducted.
2. I am fully aware of the risks and hazards connected with this activity, including but not limited to travel risks and/or physical activity. I hereby elect to voluntarily participate in said activity with full knowledge that said activity may be hazardous to my property and me. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such an activity, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES OR otherwise
3. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from any loss, liability, damage or costs, including court costs and attorney fees, that they may incur due to my participation in said activity, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise.
4. I understand that Texas Southern University does not maintain any insurance policy, other than fleet insurance coverage, covering any circumstances arising from my participation in this event or any activity associated with or facilitating that participation. As such, I am aware that I should review my personal insurance portfolio.
5. It is my express intent that this Waiver of Liability and Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above-named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Texas.
6. IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

Signed on this \_\_\_\_\_ day of \_\_\_\_\_, 2013

PARTICIPANT

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

If Participant is under the age of 18, Parent/Guardian consents to the minor's participation in the event, consents for Texas Southern University to seek reasonable and necessary medical treatment for participants during such event or associated activities, and agrees to be responsible for any cost such treatment.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



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**Meningitis Update:**

All students who live in on-campus housing will be required to provide either evidence of vaccination against bacterial meningitis or a signed affidavit declining the vaccination 10 days prior to move in. **Students will not receive a housing assignment until cleared by the Student Health Center.** Instructions for submitting these documents to the Student Health Center are listed below (see Health Records). This law will apply to all first time students, younger than 30 years of age, regardless of class status, regardless of where you reside. **All students will be required to have the meningitis vaccination or an approved exemption prior to attending the university. To be compliant with the new law, the student must have received the vaccination within the past 5 years.**

**Student Health Insurance Update:**

Students wishing to purchase student health insurance now have a variety of options to choose from. Students are advised to carefully read the description of benefits and coverage options available for any insurance provider they choose. Below are several options to help you with the selection process.

**Option 1: TSU sponsored Student Health Insurance**

Students attending Texas Southern University, enrolled for 6 or more credit hours (3 Hours for summer sessions) are eligible to participate in the university-sponsored health insurance plan, Collegiate Risk Management. To enroll in the university-sponsored student health insurance plan, go to [www.collegiaterisk.com](http://www.collegiaterisk.com) (enter TSU under school name) and follow the instructions provided on the website. TSU requires the following students to have health insurance:

- **International Students**
- **Students participating in club or intramural sports**
- **Students participating in university sponsored travel**

International students will automatically be enrolled in and billed for the university-sponsored health insurance plan. These students will have an opportunity to apply for a waiver, by providing proof of comparable health insurance, by the 20th class day. The charge for the university-sponsored health insurance will be removed for approved waivers only.

*Applying For a Waiver:*

If you have health insurance (including Medicaid), and you want to opt out of the university sponsored student health insurance plan, log onto: [www.collegiaterisk.com](http://www.collegiaterisk.com) (enter TSU under school name). Collegiate Risk Management can be contacted at (800) 922-3420 for additional information.

**Option 2: Parent's Plan**

Students are eligible to remain on their parent's insurance until they turn age 26. Once you turn 26, you qualify for a special enrollment period and can now get coverage through the Marketplace.

**Option 3: Marketplace Coverage**

The Health Insurance Marketplace, also known as the health Insurance Exchange, helps uninsured people find health coverage. Open enrollment begins November 15, 2014. You can enroll for insurance on the Marketplace during the open enrollment period or any time you qualify for a special enrollment period. Go to [www.healthcare.gov](http://www.healthcare.gov) to enroll in the Marketplace.

**Option 4: Employment based insurance**

Contact your place of employment Human Resources department for more information and to see if you qualify for insurance through your employer.

**Option 5: Purchase private health insurance on your own**

You may choose to purchase insurance without the assistance of the Marketplace. Be aware that when you purchase health insurance outside the Marketplace, you may not be eligible for premium tax credits or lower out of pocket expenses based on your income.



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**Health Records:**

A copy of your health and immunization record is to be mailed, or hand delivered to the Student Health Center:

Mail to:

Texas Southern University  
Student Health Center  
3100 Cleburne St  
Houston, Texas 77004

**OR**

Deliver to:

The Student Health Center is located on Tierwester across  
Between Lanier West and the General Services Building.

**AND**

In addition to mailing in your health and immunization record, go to <http://studenthealth.tsu.edu> to complete your immunization record on-line. If you have any questions or need assistance, please contact the Student Health Center at (713) 313-7173.



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**MEDICAL HISTORY FORM FOR TREATMENT OF MINORS**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Sex:  M  F

**IN CASE OF EMERGENCY, PLEASE NOTIFY:**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

His/Her Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

**ALLERGIES TO MEDICATION OTHER SUBSTANCES?**  Yes  No

Penicillin  Sulfa  Aspirin  Insect Stings  Other (*explain below*)

Please list other medications taken on a regular basis: \_\_\_\_\_

**MEDICAL HISTORY:** Please check if you have, or have had, any of the diseases or conditions listed below:

- |   |   |                                     |  |
|---|---|-------------------------------------|--|
| <input type="checkbox"/> Frequent Headaches   | <input type="checkbox"/> Rubella          | <input type="checkbox"/> Cancer     | <input type="checkbox"/> Urinary Tract Infection |
| <input type="checkbox"/> Seizures             | <input type="checkbox"/> Measles          | <input type="checkbox"/> Anemia     | <input type="checkbox"/> Asthma                  |
| <input type="checkbox"/> Eye Problems         | <input type="checkbox"/> Mumps            | <input type="checkbox"/> Hepatitis  | <input type="checkbox"/> High Blood Pressure     |
| <input type="checkbox"/> Ear Problems         | <input type="checkbox"/> Polio            | <input type="checkbox"/> Arthritis  | <input type="checkbox"/> Hives                   |
| <input type="checkbox"/> Thyroid Problem      | <input type="checkbox"/> Chicken Pox      | <input type="checkbox"/> Diabetes   | <input type="checkbox"/> Heart Problems          |
| <input type="checkbox"/> Malaria              | <input type="checkbox"/> Ulcer            | <input type="checkbox"/> Depression | <input type="checkbox"/> Alcohol Problem         |
| <input type="checkbox"/> Frequent Cough, Cold | <input type="checkbox"/> Tuberculosis     | <input type="checkbox"/> Pneumonia  | <input type="checkbox"/> Sore Throat             |
| <input type="checkbox"/> Drug Problem         | <input type="checkbox"/> Other (specify): |                                     |  |

Permanent disabilities  
(Describe/date): \_\_\_\_\_

Serious illness/injuries or operation  
(Describe/date): \_\_\_\_\_



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**IMMUNIZATIONS:** (please indicate date of your last immunization)

\_\_\_\_\_ Mumps                      \_\_\_\_\_ Polio                      \_\_\_\_\_ Diphtheria/Tetanus  
 \_\_\_\_\_ Measles                      \_\_\_\_\_ Rubella                      \_\_\_\_\_ Meningitis (Required – 2006 or later)  
 \_\_\_\_\_ Other (specify) \_\_\_\_\_  
 \_\_\_\_\_

Date of last TB test: \_\_\_\_\_  POSITIVE  NEGATIVE

**I certify that \_\_\_\_\_ is medically cleared to participate in marching band which includes aerobic and outdoor activity.**

\_\_\_\_\_ Physician's Name (Please print)                      \_\_\_\_\_ Physician's Signature                      \_\_\_\_\_ Date

**AUTHORIZATION FOR MEDICAL PROCEDURES:** Permission is hereby granted to the University Health Center to administer recommended immunization upon request or to carry out emergency medical treatment. Permission is also granted to the University Health Center or Band to refer to another licensed physician for necessary emergency treatment.

Date \_\_\_\_\_ Signature of Parent or Guardian \_\_\_\_\_

**PARENTAL CONSENT FOR TREATMENT OF MINORS**

I, the undersigned, as the parent or legal guardian of a minor child, hereby authorize the physicians. And their associates of the Texas Southern University Student Health Center to perform such diagnostic medical and/or surgical treatment on my child as may be deemed medically necessary in Order to assure the safety of my child. I understand that my child will be transported to a local hospital if the University Health Center determines it is unable to fully/properly treat the injury. I also understand that I, the undersigned, am fully responsible for payment of all services related to the treatment of my child's injuries.

Date \_\_\_\_\_ Signature of Parent or Guardian \_\_\_\_\_

Insurance Company \_\_\_\_\_ Group (plan) # \_\_\_\_\_ Policy# \_\_\_\_\_

Child's doctor's name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

The child has parental permission to engage in swimming activities during the Ocean Camp:  
 Yes                       No                      **(Lifeguards will be present at all swimming activities)**

Mail to:                      **Texas Southern University**  
                                  **Department of Music**  
                                  **3100 Cleburne Avenue Box 1930**  
                                  **Houston, TX 77004**

**PLEASE COMPLETE THIS FORM AND MAIL WITH YOUR REGISTRATION FORM!!!**