



UNIVERSITY OF

DETROIT MERCY

SCHOOL OF ARCHITECTURE

2018 Architecture Summer Camp
University of Detroit Mercy . School of Architecture
June 25 - 29

Student Information (please type or print)

Last Name First Name

Home Address

City State Zip

Home Phone ( ) Home e-mail

Date of Birth

School Information

Current School

School Address

City State Zip

School Phone School District

Name of Teacher writing letter of recommendation:

Current Grade Level

- 9
10
11
12

Gender

- Female
Male

Please Note: A completed application does not guarantee acceptance into the program. A confirmation letter will be issued approximately two weeks after receiving the complete application package, including one teacher recommendation. Full application packages received prior to April 27 will receive a \$50 discount.

Scholarship Request: Limited funds are available to support camp applicants who may need financial support. This includes funds that are set aside specifically for Detroit residents. Please check the box below if you would like to request scholarship support. Unfortunately we may not be able to assist all those who request scholarship support. Applicants will be informed along with the confirmation of acceptance of any awarded scholarship.

- Please consider our request for scholarship support to help offset some of the participation fee.



UNIVERSITY OF  
**DETROIT  
MERCY**  
Build A Boundless Future

## Credit Card Payment

Please place an X in the box for the credit card that you are using.

**Architecture Summer Camp Total Fee: \$350.00**

**A \$100 non-refundable deposit will be billed after acceptance into the program, the remaining \$250 (or \$ 200 for early registrants) will charged to your card on June 22, 2018.**

**American Express**

**Discover**

**MasterCard**

**Name (as it appears on credit card):** \_\_\_\_\_

**Credit Card Number:** \_\_\_\_\_

**Security Code:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**I authorize University of Detroit Mercy to charge the account above for summer program fees.**

\_\_\_\_\_  
**Signature of Cardholder**

\_\_\_\_\_  
**Date**

**PARENT OR GUARDIAN INFORMATION FORM**

<b>Mother's Name</b>	Last	First
<b>Mailing Address</b>		
<b>Place of Employment</b>		
Home Phone	Cell Phone	Work Phone
<b>Mother's email address:</b>		
<b>Father's Name</b>	Last	First
<b>Mailing Address</b>		
<b>Place of Employment</b>		
Home Phone	Cell Phone	Work Phone
<b>Father's email address:</b>		
<b>Who is the applicant's legal guardian</b> (If other, please complete information below)		<input type="checkbox"/> <b>Father</b> <input type="checkbox"/> <b>Mother</b> <input type="checkbox"/> <b>Other</b>
<b>Legal Guardian</b>	Last	First
<b>Mailing Address</b>		
<b>Place of Employment</b>		
Home Phone	Cell Phone	Work Phone
<b>Legal Guardian's email address:</b>		
<b>Parent or Guardian Signature</b>		



**RELEASE AND WAIVER OF LIABILITY AND COVENANT NOT TO SUE**

(READ CAREFULLY BEFORE SIGNING)

The undersigned hereby acknowledges that participation in risk-oriented programs and activities involves an inherent risk of physical injury and assumes all risks. The undersigned hereby agrees that for the sole consideration of the University of Detroit Mercy School of Architecture allowing the undersigned to participate in these programs and activities for which or in connection with which the universities has made available any facilities, equipment, grounds, or personnel for such programs or activities or to the undersigned while participating in any such programs for activities, the undersigned does hereby release and forever discharge the University of Detroit Mercy, its members individually, and its officers, agents and employees of any and from all claims, demands, rights and causes of action of whatever kind or nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, resulting from any participation in any way connected with such programs and activities.

I further covenant and agree that for the consideration stated above I will not sue the either university, the Board of Regents of the University System, its members individually, its officers, agents, or employees for any claim for damages arising or growing out of my voluntary participation in above said activities. I understand that the acceptance of this release and covenant not to sue the universities or the Board of Regents of the University System shall not constitute a waiver in whole or in part, of sovereign or official immunity by said Board, its members, officers, agents, and employees. Further, I understand that this release, waiver of liability, and covenant not to sue shall be effective during the entire period of my enrollment at the institution or participation in risk related activity. I have received a copy of this document and I certify that I am \_\_\_\_\_ years of age and suffering under no legal disabilities and that I have read the above carefully before signing.

**Name (Please Print)** \_\_\_\_\_

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Signature of Parent or Guardian  
if participant is under 18 years of age**

**AUTHORIZATION TO PICK UP STUDENT**

We will not release your child to anyone not previously authorized by you. Please complete this form and return it with your release and other enclosed forms. We must have this form on file before your child begins summer camp.

**Student Name:** \_\_\_\_\_

**Transportation Mode:**

- Public Transportation
- Parents
- Participant will drive

**Names of Parents Authorized To Pick Up Child:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Names of Others Authorized To Pick Up Child:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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**Marketing & Public Affairs  
Photo Release Form**

**I, \_\_\_\_\_, give permission to University of Detroit Mercy to use my son/daughter(s) \_\_\_\_\_ likeness (photo, videotape, web site) and /or testimonial in publicity, audio and videotape, publication, and/or web site promoting the University and its programs.**

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**Signature**

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**Date**

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**Please Return (by email, fax or post) the completed application packet to:**

School of Architecture  
Summer Camp Programs  
Warren Loranger Building  
4001 W. McNichols Road  
Detroit, MI 48221

**Attn: Aneka Montgomery**  
Phone: (313) 993-1533  
email: montgoan@udmercy.edu  
fax: 313-993-1512