

Texas Southern University and the Innovative Transportation Research Institute (ITRI) present

**Joint Maritime and TransLIVE Summer Maritime Transportation Academy (SMA) – 2016
for Rising High School Sophomores, Juniors and Seniors**

**Session I: June 13-17, 2016
Session II: June 20-24, 2016**

Earn up to \$125 while learning about Maritime and Environmental Transportation Sustainability

• *Field Trips to Port of Houston, Battleship TEXAS, and U.S. Coast Guard Facility (trips subject to change)*

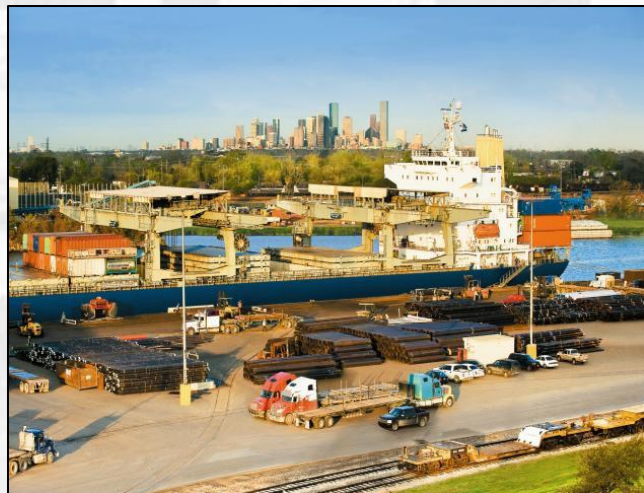
• *Guest speakers including experts in Logistics, Environmental Transportation Sustainability, Homeland Security, and Maritime*

• *Training in Dealing With Change, Image and Marketing Yourself, and Effective Communication Strategies*

• *Earn up to \$125 for attending this **FREE** Summer Maritime Transportation Academy (SMA)*

• *Friendships, Field Trips, and Fun*

• *Application Due April 29, 2016*



*Port of Houston
Nation's 2nd Largest Port
(in terms of tonnage)*

For information & application contact:

williamsua@tsu.edu

<http://transportation.tsu.edu>



TSU Joint Maritime & TransLIVE Summer Maritime Transportation Academy (SMA) 2016

Frequently Asked Questions

Question 1: What is the Summer Maritime Transportation Academy (SMA)?

Answer 1: The SMA is a 1-week academy designed to introduce high school students to educational and career opportunities in logistics, homeland security and environment. Students will also gain greater understanding of environmental sustainability issues in transportation. Students will leave the SMA with a platform to ascertain feasible technologies to reduce the environmental impacts of transportation activities.

Question 2: Who can attend the SMA?

Answer 2: Rising high school sophomores, juniors and seniors from the Houston Area.

Question 3: When is the SMA held?

Answer 3: June 13-17, 2016 8:30 am – 4:30 pm daily
June 20-24, 2016 8:30 am – 4:30 pm daily

Question 4: Where is the SMA located?

Answer 4: The SMA is located on the campus of Texas Southern University. The SMA is non-residential; *SMA students do not live on campus.*

Question 5: Why is TSU offering the SMA?

Answer 5: TSU has partnered with the Port of Houston Authority on a new academic program in Maritime Transportation Management and Security. The program addresses three national priorities: logistics, security, and environment in a single curriculum. The SMA is designed to introduce students to the dynamic maritime industry and environmental sustainability issues in transportation.

Question 6: How much do students get paid?

Answer 6: Students will be paid for each day they attend the SMA, up to \$125 for the 1 week session.

Question 7: When will the student get paid?

Answer 7: A check in the student's name will be sent to the address listed on the application within 7 business days after the conclusion of each SMA session.

Question 8: When and where do I turn in my application?

Answer 8: A completed application is due by 5:00 pm on Friday, April 29, 2016. Late submissions will not be accepted. Completed applications can be submitted to:
TSU – Department of Transportation Studies- Technology Building, Room 215
3100 Cleburne Avenue
Houston, TX 77004

Question 9: When will students be notified if accepted?

Question 9: Notifications of acceptance will be sent to students May 16--20, 2016.

Question 10: Who do I contact with questions?

Answer 10: Contact Mrs. Williams, Maritime Program Coordinator, williamsua@tsu.edu, 713.313.4394



Texas Southern University (TSU)
College of Science, Engineering and Technology
**In Partnership with the Port of Houston Authority and
Innovative Transportation Research Institute**

SUMMER MARITIME TRANSPORTATION ACADEMY

APPLICATION FORM

Application Deadline: April 29, 2016

APPLICANT INFORMATION

First Name:	Last Name:
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Gender:	Age:	Phone #:	Email:
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Home address:

City:	State:	ZIP Code:
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Parent/Guardian First Name:	Parent/Guardian Last Name:
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Parent/Guardian Cell Phone #/Work #:	Parent/Guardian Email:
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Name of High School Currently Attending (2015-2016 School Year):

Circle Grade Level in Fall 2016 (next school year): *Sophomore/Junior/Senior*

Name of Guidance Counselor:	Counselor's Phone #:
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Interest(s)/circle all that apply

Logistics	Security	Environment	Maritime	Transportation
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Indicate T-shirt size (circle only one)	Small	Medium	Large	XLarge	XXLarge
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Required Essay: Describe your career goals, your interest in Maritime Transportation, and how the Summer Maritime Transportation Academy can assist you in reaching your goals. Your essay must be typed and no more than one (1) page.

Additional Information: Please enclose one (1) letter of recommendation from a teacher, coach, principal, counselor, family friend, or clergy. Applications will not be processed with incomplete information. All materials must be provided to the Program Coordinator at the address below no later than 5:00 pm on Friday, April 29, 2016.

Inquiries: Mrs. Ursula Williams, Maritime Program Coordinator
Department of Transportation Studies
Texas Southern University
3100 Cleburne
Houston, TX 77004
Phone: 713.313.4394 Email: williamsua@tsu.edu
Web: <http://transportation.tsu.edu>

Regulations

We are excited to have you join us for the Summer Maritime Academy (SMA). We are responsible for your safety and well being at all times during the SMA. Guidelines, rules, and regulations are important and necessary to meet the objectives of the program. The following are regulations for SMA participants:

1. SMA staff expects participants to display courteous and professional Behavior toward their peers, faculty, staff, and volunteers at all times.
2. Attendance at all program activities is mandatory. Only excused absences from the Program Coordinator will be accepted. Students must report illness, injury, etc. to the Program Coordinator to be excused from activities. Violations may lead to dismissal from the program.
3. Students are not permitted to leave campus unescorted. Any student Found or reported off campus is subject to immediate dismissal.
4. “Sagging” pants are not permitted. Students will be docked \$25 and sent home for wearing “sagging” pants.
5. Students will be compensated for attendance. Students with perfect attendance will receive \$125 (minus any other deductions for inappropriate clothing and behavior).
6. Students will attend field trips during the SMA. Proper behavior is expected on all field trips.

I have read and understand the above regulations.

Print Name (Student) _____

Signature (Student) _____

Print Name (Parent/Guardian) _____

Signature (Parent/Guardian) _____



TEXAS SOUTHERN UNIVERSITY
CAMPUS PROGRAMS FOR MINORS

RELEASE AND WAIVER OF LIABILITY

I give permission for my child to participate in this camp at facilities owned and operated by Texas Southern University (TSU), in any related off-campus trip or activity and in any transportation provided by TSU. I acknowledge and accept that the camp may expose my child to hazards and risks, including injury, death, or property damage and that TSU cannot control these risks. I therefore agree to assume and take on myself all of the risks and responsibilities in any way associated with this activity. I acknowledge there will be physical activities and certify that my child is fit and capable of such participation. I understand that TSU is not responsible for any medical expenses associated with any personal injury my child may sustain and understand that TSU does not provide medical insurance for me and my child. I certify that my child is covered by adequate insurance to cover any personal injury which he/she may sustain while participating in this camp.

In consideration of TSU providing the opportunity for my child to participate in this camp, I release TSU, its Board of Regents, officers, employees, and representatives from any and all liability to me and my child, our personal representatives, estate, heirs, and assigns for any and all claims, demands and causes of action for any and all illness or injury to my child, including death arising out of, during, or in any way connected with this camp. I agree to indemnify and hold harmless, waive and covenant not to sue TSU, its Board of Regents, officers, employees, and representatives from liability for the injury or death of any person (s) or damages to property that may result from my child negligent of intentional act or omission while participating in the camp.

I hereby authorize the staff of this camp to act for me according to their best judgment in any emergency requiring medical attention. I authorize and give consent for TSU to administer general first aid for any minor injuries or illnesses experienced by my child. If my child is in need of emergency medical care and TSU is not able to reach me or the emergency contact, I authorize TSU to sign all necessary papers and arrange for emergency treatment and hospital care.

I am the parent or legal guardian of the minor _____, and I am signing on behalf of said minor.

Printed Name of Parent/Guardian: _____

Date _____

Signature of Parent/Guardian _____

Work Phone _____ Cell Phone _____

Emergency Contact (if different than parent or guardian): _____

Home Phone _____ Work Phone _____ Cell Phone _____



TEXAS SOUTHERN UNIVERSITY
CAMPUS PROGRAMS FOR MINORS

MEDICAL INFORMATION & ADMINISTRATION

Camper's First Name: _____ Last Name: _____

Date of Birth: _____ Age: _____ Height: _____ ft Weight: _____ lbs

Medical Information

Does your child have any allergies? (Check all that apply)

None Food Medication Environmental Please list and explain: Anesthesia other

Do these allergy/allergies require monitoring for symptoms, take action if a reaction occurs or give emergency medication?

No Yes—a *Medical/Physical Care Plan* and/or *Request for Administration of Medication* must be completed.

Please indicate any of the following that apply to your child:

- Any condition that may require special care, medication, or diet
- ADD or ADHD
- Asthma
- Seizures
- Heart trouble
- Contact lenses
- Diabetes
- Fainting spells
- Bleeding disorders
- Dentures
- Other

Is your child currently using any medication (prescription or over-the-counter), food supplement or medical food (such as electrolyte solution)?

No Yes, please explain _____

If yes, does this need to be administered at the camp?

No Yes—a *Medical/Physical Care Plan* and/or *Request for Administration of Medication* must be completed.



TEXAS SOUTHERN UNIVERSITY
CAMPUS PROGRAMS FOR MINORS

MEDICAL INFORMATION & ADMINISTRATION continued

Date of last physical exam: _____

Date of last tetanus shot: _____

List any history of hospitalization, outpatient surgery, or previous health condition that would be needed to assist the staff or medical personnel in an emergency situation:

List any additional useful information, such as fears, eating or sleeping habits or special routines. This information should not be medical or health related, as that information should be above.

Does your child have any additional restrictions?

- I have reviewed the program and activities of the camp and feel my child can participate without restrictions.
- I have reviewed the program and activities of the camp and feel my child can participate with the following restrictions or adaptations. Please describe:

Please attach a photo copy of current immunization record.



TEXAS SOUTHERN UNIVERSITY

TEXAS SOUTHERN UNIVERSITY
AUTHORIZATION FOR USE OF IMAGE, VOICE, PERFORMANCE, ARTWORK OR LIKENESS

I, (printed name) _____ permit and authorize Texas Southern University (the "University") and its employees, agents, representatives, contractors, and personnel who are acting on behalf of the University to create and/or obtain and use my photograph, my voice or quotes/excerpts of my written or verbally expressed words, my artwork or a photograph of my artwork, my name, alias, or biographical information, a video and/or recording or other likeness of myself (hereinafter collectively referred to as "My Likeness") for purposes related to the educational mission of the University, including instructional and/or educational purposes, publicity, marketing, and promotion of the University and its various programs without compensation to me. I understand My Likeness may be copied/reproduced and distributed by means of various media, including, but not limited to, video presentations, simultaneous television broadcast/rebroadcast, radio transmission/retransmission, news releases, mail-outs, e-mails, billboards, signs, brochures, placement on websites and/or electronic delivery, publication, display, or promotion on any and all other media, and I further understand that My Likeness may be subject to reasonable modification or editing. I acknowledge that the University has the right to make one or more photographs, audio recordings, videotape or disk presentations, or other electronic reproductions of My Likeness in accordance with this Authorization for Use of Image, Voice, Performance, Artwork, or Likeness (hereinafter sometimes referred to simply as "this Authorization"). I waive any right to inspect or approve the finished product or material in which the University may eventually use My Likeness.

I relinquish and give the University all rights, title and interests in and to My Likeness, including any copyright therein. This Authorization shall be binding upon my heirs, successors, assigns, and legal representations.

I understand that, although the University will endeavor to use My Likeness in accordance with standards of good judgment, the University cannot warrant or guarantee that any further dissemination of My Likeness will be subject to University supervision or control. Accordingly, I release the University from any and all liability related to the dissemination, reproduction, distribution, and/or display of My Likeness in print or any and all other media, and any alteration, distortion or illusionary effect of My Likeness, whether intentional or otherwise, in connection with said use. I also understand that I may not withdraw my permission for use of My Likeness which was granted in this Authorization.

I have read and understand the conditions of this Authorization for Use of Image, Voice, Performance, Artwork, or Likeness.

Signature _____ Date _____ Age (if minor) _____
Printed or typed name _____ Phone _____
Address _____ City/State/Zip _____

CONSENT OF PARENT/LEGAL GUARDIAN REQUIRED IF ABOVE INDIVIDUAL IS A MINOR

I am the parent and/or guardian of the above minor and hereby consent and agree to the foregoing terms and provisions on his behalf.

Signature _____ Date _____
Printed or typed name _____ Phone _____
Address _____ City/State/Zip _____

Note: Modification of this Form requires approval by the Office of General Counsel.