Indiana University Jacobs School of Music
Ballet Intensive Return Checklist

Deadline for return of materials **MAY 15, 2017** by post or fax. Students MAY NOT participate in the Intensive without completed forms. We encourage you to complete your registration as soon as possible.

Mail all forms to:

| Pre-College and Summer Programs Office  
| I.U. Jacobs School of Music  
| 1201 East Third Street 006  
| Bloomington, IN 47405  |

Or fax forms to: 812-855-4936  
Attn: Pre-College and Summer Programs Office

The following materials are attached, please check off each item.

1. _____ This completed checklist
2. _____ Consent for Medical Treatment of a Minor and **copy of insurance card**, completed and signed by parent or legal guardian.
3. _____ Medical Wellness Form, completed and signed by parent or legal guardian
4. _____ Program Release completed and signed by parent or legal guardian
5. _____ Travel Form, MUST be completed and returned
6. _____ Photo Release Form, completed and signed
7. _____ Acceptance and Conduct Agreement, completed and signed
8. _____ Camper sign-out permission (optional)
9. _____ Vital Information, for your own records only – no need to return
10. _____ Ballet Packing list, for your own records only – no need to return

Name of Participant: ____________________________________________________  
(Please print)

Signature of Parent or Guardian: _________________________________

**PLEASE RETURN THIS FORM**
Consent for Medical Treatment (minors only)

I, ____________________________, am the parent or legal guardian of ________________________________ and I authorize (name of program) ________________________________ to obtain emergency medical treatment of this minor by an appropriate health care professional should the need arise while he/she is attending the program.

Signature ____________________________ Date ____________________________

Medical Information (all participants)

Participant's name ____________________________

Age ____________________________ Birthdate ____________________________ Date of last Tetanus Toxoid ____________________________

Past health/injuries ____________________________ Present health ____________________________

__________________________________________________________________________________ Allergic reactions ____________________________

__________________________________________________________________________________ Present medication ____________________________

☐ Check here if the participant has special needs and might require accommodations to fully participate in the program. A staff member will contact the parent or guardian for details.

Other information that would be useful in the event medical treatment is necessary:

Insurance Information (all participants)

Please attach a copy of the insurance card (front and back) with the form

Parents or legal guardians are responsible for the cost of a minor’s medical treatment. When available, insurance information will be processed by the health facility performing the treatment, otherwise you will be contacted for payment by cash, check or credit card.

Insurance company ____________________________ Address ____________________________

City/State/Zip ____________________________

Policyholder's name ____________________________

Policy number ____________________________

Contact People (all participants)

In an emergency, parents or legal guardians can be reached as follows:

Name ____________________________ Relationship to minor ____________________________

Address ____________________________ Daytime phone ____________________________

City/State/Zip ____________________________ Evening phone ____________________________

Cell phone ____________________________

Name ____________________________ Relationship to minor ____________________________

Address ____________________________ Daytime phone ____________________________

City/State/Zip ____________________________ Evening phone ____________________________

Cell phone ____________________________

If other information would be helpful in contacting you, please indicate:

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________
Indiana University Jacobs School of Music
Ballet Summer Intensive
MEDICAL WELLNESS FORM 2017
(must be completed by a parent/guardian)

The Jacobs School of Music takes many precautions in an effort to ensure the safety of the young musicians and dancers entrusted to its care. At the Ballet Intensive Academy, vigilance in all areas is a top priority. That is why we require you to complete this form containing supplemental contact, medical and music wellness information in addition to the standard “Consent for Medical Treatment” form required of all pre-college students attending an I.U. residential program. Please answer all points below as fully and specifically as possible. Return this form to the Office of Pre-College and Summer Programs by MAY 15, 2017 by post or fax. Do not email forms. Please note: Dancers will not be permitted to participate without the required forms

The data you supply about your child’s medications and medical conditions, allergies, dietary preferences will be held in strict confidence. Only the director, administrator, and the adult counselor—the team most likely to be called on to respond to an injury or illness—will be privy to the information. It will help us to make your child’s stay at Indiana University healthier and happier even if this form is never needed for a medical emergency. In the unlikely event that a serious or potentially serious problem arises, Academy personnel will make every effort to reach you as soon as the situation permits. To maximize your chances of being consulted if a problem arises, be sure to list all means by which we can contact you.

PRINT OR TYPE IN BLACK INK

-----------------------------------------------------------------------------------------------------------------------------------------------------
Student: _________________________________________________________________________________________      Birthdate: ______________________________________
last name                                  first                                                 middle initial
Home telephone: _______________________________       Student’s E-mail address (print!) ________________
Home address: _________________________________________________________________ City: __________________ State: _______ Zip: ______________
Student’s local address if not living on campus: ____________________________________________________ City ______________________ Zip ______________
Local host (if not parent): ______________________________________________________________________________________________________________________________________
Local host’s day phone: ___________________________   Evening phone: ________________________________
Local host’s cell phone #: ___________________________ FAX #:   ______________________E-mail: ________________________________

Emergency Contact information:
Name: ___________________________________________      Day phone: __________________________ Evening: __________________________
Date of last tetanus shot? ____________________________

Does the student have any DIETARY RESTRICTIONS? __________________________________________________

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Parent/Guardian’s Signature ___________________________          Date:____________________
MISCELLANEOUS HEALTH INFORMATION (optional)

If your child has a condition that bears watching, the information you provide will help us to be on the alert for signs of a developing problem before the situation is serious.

Blood type, if known: ________________________

Student’s family or personal doctor __________________________ Phone __________________________

Medical Specialist treating the student: __________________________ Phone __________________________

Dentist or Orthodontist: __________________________ Phone __________________________

HAS THE STUDENT RECEIVED TREATMENT FOR ANY OF THE FOLLOWING in the last 2 years?

☐ Stress-related conditions (e.g., acid stomach, insomnia)

☐ Performance anxiety ☐ General anxiety, distraction, depression (specify) __________________________

☐ Frequent or severe headaches ☐ Epilepsy or seizures

☐ Heart condition or other serious health problem (please specify) __________________________

☐ Diabetes __________________________

☐ Eating disorder (anorexia, bulimia, other) Currently under treatment? __________________________

☐ Learning challenge, e.g., dyslexia, ADD (Attention Deficit Disorder), ADHD, or other learning problem

Specify type, if professionally diagnosed: __________________________

☐ Anger management problem, conduct disorder or other behavior problem (specify) __________________________

Is the student currently receiving study counseling, family counseling or mental health counseling? ☐ yes ☐ no

If yes, is there anything the counselors should know about the student’s condition? Any warning signs they should be alert to?

_______________________________________________________________________________________________________________________________________

_______________________________________________________________________________________________________________________________________

PLEAASE RETURN THIS FORM
I, the undersigned, give permission for my Child to participate in the IU Summer Ballet Intensive, offered on behalf of The Board of Trustees of Indiana University ("IU"), at the Spruce Hall Residence Center and Jacobs School of Music from June 4 through June 24, 2017 (the "Program").

In consideration for my Child’s participation, I, on behalf of my Child, agree to the following:

1. I understand the Program consists of the following activities: Dancing, musical concert attendance, consumption of food and beverage, optional swimming, optional recreation activities (volleyball, Frisbee, soccer, bowling, etc.), staying overnight in a dormitory, and otherwise being present on Indiana University’s campus for the duration of the Program.

2. I understand that as part of my Child’s participation in the Program there are dangers, hazards, and inherent risks to which my Child may be exposed, including, but not limited to, the risk of serious physical injury, temporary or permanent disability, and even death, as well as economic and property loss. I further understand that participating in the Program may involve other risks and dangers, whether known or unknown nor reasonably foreseeable, including the following: ballet-specific injury (e.g. toe, foot, or leg injuries), drowning, food/drink allergies, sprains, cuts, bruises, fire or other emergency in the dormitory and/or on Indiana University’s campus.

3. I fully understand the scope of the activities and the risks involved. I voluntarily accept and assume all risks of injury, loss of life, or damage to property arising out of my Child’s participation in the Program.

4. I hereby release and fully discharge IU, including its officers, employees, and agents, from any and all claims or causes of action, including all liability for personal property or personal injury which may result from my Child’s participation in the Program, that may be brought by me or my Child or for any injury of loss that my Child may suffer while participating in the Event, whether caused by negligence or otherwise, to the fullest extent permitted by law.

5. I further release, indemnify, and hold harmless IU, including its officers, employees, and agents, from and against any and all liability, actions, debts, claims, and demands of every kind whatsoever, including, but not limited to, any claim for negligence and/or any present or future claim, loss, or liability for which my Child may be liable to any other person or to IU that arises out of my Child’s participation in the Program.

6. In the event of an accident or serious illness, I hereby authorize representatives of IU to obtain medical treatment and transport for my Child on my behalf. I waive my right to receive informed consent prior to such transportation or treatment. I hereby hold harmless and agree to indemnify IU from any claims, causes of action, damages and/or liabilities, arising out of or resulting from the medical treatment or transport. I further agree to accept full responsibility for any and all expenses, including medical expenses that may derive from any injuries to my Child that may occur during his/her participation in the Program.

7. This Agreement shall be governed by and construed under the laws of Indiana. Notwithstanding any other agreement that I have signed related to this Program that purports to establish the venue for any litigation arising from this Program, I agree that I will file no action against The Trustees of Indiana University or its officers, employees, and agents, whether based on this Agreement or in any way otherwise connected to this Program, in any court other than the Circuit Court of Monroe County, Indiana.

8. I understand and agree to all of the terms of this Agreement. I understand that I am giving up substantial rights (including my right to sue) and acknowledge that I am willingly signing this document. My signature on this document is intended to bind not only myself and my Child, but also the successors, heirs, representatives, administrators, and assigns of myself and my Child.

__________________________________________  __________________________________________
Child’s name                                           Parent/guardian name

__________________________________________
Parent/guardian signature                           Date
Ballet Summer Intensive Travel Form

ARRANGEMENTS FOR ARRIVAL AND DEPARTURE

Please return the form with packet of materials. If there is any change in this schedule after it is sent in, please contact the Ballet Summer Intensive Head Counselor and Emergency Contact: Shawn Stevens at shawstev@indiana.edu or 812-318-2967

Name of Student: _____________________________________________  Student’s phone: _______________________________

Name of Parents: _____________________________________________   Parent’s home phone: ____________________________

Parent’s cell phone: ________________________________

**ARRIVAL Arrangement**

(Please select ONE of the three options)

1. □ **Arriving by Shuttle:** Student will be transported from the Indianapolis airport by GoExpress Shuttle to the Willkie Residence Center.
   
   Estimated time of arrival: ______ am   ______ pm, on (date)

2. □ **Arriving in Limo:** Student will arrive directly to the Spruce Hall Residence Center at 1801 E. Jones Ave., Bloomington, IN
   
   Estimated time of arrival: ______ am   ______ pm, on (date)

3. □ **Arriving in Private Vehicle:** Student will arrive directly to the Spruce Hall Residence Center at 1801 E. Jones Ave., Bloomington, IN
   
   Estimated time of arrival: ______ am   ______ pm, on (date)

**DEPARTURE Arrangement**

(Please select ONE of the three options)

1. □ **Departing by Shuttle:** Student will be transported from the Willkie Residence Center by GoExpress Shuttle to the Indianapolis Airport
   
   Estimated time of departure: ______ am   ______ pm, on (date)

2. □ **Departing in Limo:** Student will depart directly from the Spruce Hall Residence Center at 1801 E. Jones Ave., Bloomington, IN
   
   Estimated time of departure: ______ am   ______ pm, on (date)

3. □ **Departing in Private Vehicle:** Student will depart directly from the Spruce Hall Residence Center at 1801 E. Jones Ave., Bloomington, IN
   
   Estimated time of departure: ______ am   ______ pm, on (date)
I ("Participant") authorize The Trustees of Indiana University ("IU"), acting through its agents, employees, or representatives, to take photographs, video recordings, and/or audio recordings of me, including my name, my image, my likeness, my performance, and/or my voice ("Recordings"). I also grant IU an unlimited right to reproduce, use, exhibit, display, perform, broadcast, create derivative works from, and distribute the Recordings in any manner or media now existing or hereafter developed, in perpetuity, throughout the world. I agree that the Recordings may be used by IU, including its assigns and transferees, for any purpose, including but not limited to, marketing, advertising, publicity, or other promotional purposes. I agree that IU will have final editorial authority over the use of the Recordings, and I waive any right to inspect or approve of any future use of the Recordings. I acknowledge that I am not expecting to receive compensation for participating in the Recordings or for any future use of the Recordings.

I release and fully discharge IU, and its employees, agents, and representatives, from any claim, damages, or liability arising from or related to my participation in the Recordings or IU's future use of the Recordings.

I have read this entire Consent and Release Form, I fully understand it, and I agree to be bound by it. I represent and certify that my true age is at least 18 years old, or, if I am under 18 years old on this date, my parent or legal guardian has also signed below.

Location of Recordings Indiana University Date(s) of Recordings __________________________

Name of the Program Ballet Summer Intensive

Participant's Signature ___________________________ Date ______/_____/_____

Participant's Printed Name __________________________________________

Address _______________________________________________________

City_________________________State__________Zip____________________

Phone_________________________Email______________________________

If Participant is under 18 years old, then his/her parent or guardian must sign below.

Parent/Guardian's Signature __________________________________________

Parent/Guardian’s Printed Name ________________________________________
Indiana University Jacobs School of Music  
Office of Pre-College and Special Programs  

Code of Conduct Participant Agreement

It is required that all parents or legal guardians of minors (participants 17 years of age and under) accept the Indiana University Jacobs School of Music Special Programs Code of Conduct Participant Agreement. This agreement must be signed by both the minor child/dependent (the “participant”) and his or her parent/legal guardian. Your signatures ensure that you fully understand and accept what is expected.

1. All participants are expected to behave in a respectful, responsible, and courteous manner towards faculty, staff, and fellow participants at ALL times. Participants (and their parent or legal guardian) will be held financially responsible for any damage to University property caused by participant.

2. If the program director determines, at his or her sole discretion, that the participant’s behavior has become a distraction from the focus of the discipline, the participant will be subject to appropriate disciplinary action up to and including dismissal from the program without any refund. If the participant is dismissed from the program, the participant’s parent or legal guardian will be required, at their own expense, to immediately remove the participant from the Indiana University campus.

3. Indiana University and the Jacobs School of Music accept absolutely no responsibility for any behaviors in which the participant may engage that are destructive or endanger themselves or others.

4. Absolutely no bullying shall be tolerated. This includes verbal or physical bullying through inappropriate comments, language, or otherwise. This also includes cyber bullying (e.g. social media, email, cell phones.)

5. Absolutely NO DRUGS, ALCOHOL, FIREWORKS, FIREARMS, or other WEAPONS will be allowed at the program or on campus. Any participant breaking this rule will be immediately dismissed without any refund. All University policies, city ordinances, and state and federal laws will be enforced. The Indiana University campus is non-smoking. This includes all dorms, buildings, and classrooms.

6. Participants shall maintain a positive attitude, take corrections politely, and apply them as needed.

7. All participants agree to abide to the following rules:
   a. All participants shall wear nametags at all times.
   b. Male and female participants will remain on their respective floor(s). Participants
shall not enter any other residential floor(s) other than the one assigned to them.

c. Participants must be in their assigned dormitory floor by 10:00 p.m. each night, unless they have signed out in advance for an approved special activity.

d. Participants will not open any windows or re-arrange any of the furnishings within the dormitories during their stay.

e. Participants may not leave campus at ANY time without supervision by staff or faculty. No off-campus trips will be permitted with non-Summer Academy or Workshop supervision unless written permission from the parent or legal guardian is on file with the Office of Pre-College and Special Programs, and the off-campus trip has the program director’s permission.

f. Summer Academy and Workshop students will not be permitted to operate a motor vehicle while attending the Workshop regardless of age or licensed status. Indiana University assumes no liability in case of an accident involving non-university vehicles or theft/loss of the same.

By signing this form, I agree that I have read and fully understand all of the above information. I understand that this Code of Conduct, as well as the policies in the policy manual, will be enforced and applied. I further agree and understand that if the participant fails to comply with the above Code of Conduct or any of the policies he/she may, at the University’s sole option, be sent home immediately without any refund at the expense of the parent or legal guardian.

I hereby release and fully discharge Indiana University and the Jacobs School of Music, including its officers, employees, and agents (collectively, “IU”), from any and all claims or causes of action, including all liability for damage to personal property or personal injury which may result from my child/dependent’s participation in the program that may be brought by me or my child/dependent, or for any injury or loss that my child/dependent may suffer while participating in the program, whether caused by negligence or otherwise, to the fullest extent permitted by law. I further release, indemnify, and hold harmless IU, from and against any and all liability, actions, debts, claims, and demands of every kind whatsoever, including, but not limited to, any claim for negligence and/or any present or future claim, loss, or liability for which my child/dependent may be liable to any other person or to IU that arises out of my child/dependent’s participation in the program. I understand that I am giving up substantial rights (including my right to sue) and acknowledge that I am willingly signing this document. My signature on this document is intended to bind not only myself and my child/dependent, but also the successors, heirs, representatives, administrators, and assigns of myself and my child/dependent.

Participant’s Name _____________________________

(Please print)

Participant’s Signature ___________________________ Date ________________
Parent/Guardian’s Name __________________________________________
(Please print)

Parent/Guardian’s Signature________________________________________ Date______________
CAMPER SIGN-OUT PERMISSION FORM - *OPTIONAL FORM*

This form may be used for you to give permission for the camper to be signed-out from camp by someone other than the designated parents/guardian. Only persons listed on this form, and the parents/guardian on record from your camp registration, will be permitted to sign-out campers.

*If you do not want anyone other than the designated parent/guardian on the camper’s registration to be able to sign the camper out, then you do not need to return this form.*

If you have any questions please contact our office at 812-855-6025

I, __________________________ give permission for my child __________________________ to leave camp with the persons(s) listed below. I understand that only designated adults over the age of 21 may check-out my child from camp, and that he or she must have a valid photo ID on his or her person at the time of check-out.

Print name of authorized person: __________________________

Relationship to student: __________________________

Phone number(s): __________________________

Print name of authorized person: __________________________

Relationship to student: __________________________

Phone number(s): __________________________

Print name of authorized person: __________________________

Relationship to student: __________________________

Phone number(s): __________________________

_____________________________   _____________________________
Parent/guardian signature    Date
Indiana University Jacobs School of Music
Summer Ballet Intensive General Information

June 4 - June 10, 2017
June 11 - June 17, 2017
June 18 - June 24, 2017

**Important Travel Policy for 2017 Summer Ballet Intensive Students:**
All students arriving alone at the Indianapolis International Airport may travel to and from the airport to I.U. by GO Express Travel service or Classic Touch Limousine. All students must complete the instructions on the attached Travel form.

Students will be met at the Willkie Residence Center drop-off point by a Ballet Intensive Staff member and transported to Spruce Hall Residence Center. Reservations must be made and paid for in advance.

Classic Touch Limousine: 800-319-0082 or 812-339-7269, [www.classictouchlimo.com](http://www.classictouchlimo.com).
Classic Touch will take the student directly to Spruce Hall Residence Center, located at 1801 E. Jones Drive, Bloomington, IN.

**Contact:**
**Day of arrival:** if there are questions, concerns or changes in travel plans, please contact: Shawn Stevens at [shawstev@indiana.edu](mailto:shawstev@indiana.edu) or 812-318-2967

**Arrival**
Please plan to arrive for check-in at Spruce Hall Residence Center between 4-6 PM on Sunday of each Session. The students may not enter the dorm any earlier without a parent than 4 p.m.
Click here for a map of Indiana University campus: [http://www.iub.edu/~iubmap/](http://www.iub.edu/~iubmap/)
Click here for a map of Bloomington and the [http://www.visitbloomington.com/flashmap/index.cfm](http://www.visitbloomington.com/flashmap/index.cfm)

**Early and Late Arrival**
Students who must arrive before Sunday will be responsible for their own accommodations. Students who know they will miss the 6:00 p.m. closing of registration should contact the Special Programs office in advance so that counselors may be aware of late arrival. Students are required to depart the dormitory by 2pm on Saturday.

**Check-in and Orientation**
Ballet check-in: Center lounge of Spruce Hall Residence Center
**Sunday: June 4, June 11, June 18**
Check-in from 4-6 p.m. Please check in at the Spruce Hall Residence Center to receive keys and room assignments
At 7 p.m. Students meet in the Floor Lounge for pizza, orientation, ice breaker, and activities.

**Counselors**
Counselors will live in the Spruce Hall Residence Center with students, supervise their activities, answer questions, and provide assistance as needed. When moving about campus students must always walk with at least two other Ballet Summer Intensive students (“buddy” system) or an adult counselor. Students may not wander the campus alone. Students wishing to go off-campus must be accompanied by a Ballet Intensive counselor.
**Residence Halls**

The Ballet Intensive will be housed in the Spruce Hall Residence Center [http://www.rps.indiana.edu/sprucerescenter.cfml](http://www.rps.indiana.edu/sprucerescenter.cfml).

Each wing will also house Ballet Intensive counselors. All rooms are air-conditioned. Coin-operated laundry facilities are available. Telephones are not provided in students’ rooms.

2 sheets, 1 pillow, 1 pillowcase, and 2 towels are provided. Blankets are available upon request. **Please note:** Students will be issued dorm key cards and meal cards at registration. If a dorm key is lost, the replacement fee is $15. The replacement fee for a lost meal card is $15.

**Hours**

Students will be expected to be on their assigned floor by 10:00 p.m. each night, unless they have signed out in advance for a special activity. Curfew extensions are granted only for special activities, and rarely exceed an extension of one hour.

**Meals**

Residential students take three meals a day on campus. Commuting students may use either credit or cash enabling them to eat meals on campus with the group. Regular meals begin with breakfast, Monday, and end with breakfast, Saturday. Students arriving before, or staying after these times will be responsible for their own meals.

**Mail**

All mail to students should be addressed as follows:

(Name of the Student)  
c/o Summer Ballet Intensive  
Spruce Hall Residence Hall  
1801 E. Jones Drive  
Bloomington, IN 47406.  

DO NOT include "Indiana University" in the address.

*Individual room numbers will be available at registration. Please BE SURE to let your parents know by Saturday night, your hall name and room #. Also, let them know the phone number of your counselor. ROOM NUMBERS WILL NOT BE AVAILABLE UNTIL THE DAY OF REGISTRATION.*

**Dress**

Casual attire will be acceptable for most activities. Please see Attached “Things to Bring List”. Air conditioned rooms in the Jacobs School of Music can be quite cool. A sweater would be advisable. Indiana weather can change quickly and rain storms are quite common. Please plan accordingly.

**General Policies**

Policies and procedures for the Academy are established by the Intensive Director, in cooperation with the Dean of the Jacobs School of Music. Indiana University is operated by the State of Indiana and is subject to all laws, statutes and procedures of the state. DISCIPLINARY ACTION, IF NECESSARY, WILL BE TAKEN BY THE INTENSIVE DIRECTOR in case of non-compliance with INTENSIVE or Halls of Residence rules and regulations.
**Cars**
Students who drive to Bloomington alone must store their cars at the Indiana University stadium for the duration of the Intensive, and must leave keys with the counselors. Further instructions will be given at Registration. *STUDENTS SHOULD NOT BRING AND STORE CARS UNLESS ABSOLUTELY NECESSARY.* The Intensive Administration is not responsible for the safety of cars stored at the stadium. Intensive students are not permitted to operate any motor vehicles while attending the Intensive.

**Emergency**
In the event of an emergency, the fastest way to reach any participant is through the student's counselor or the head counselor. The Office of Special Programs (812) 855-6025, the Dean's Office (812) 855-1583, may be called weekdays 10:00-12:00, 1:00-5:00 pm. **Emergency contact is Shawn Stevens 812-318-2967**

**Medical Care**
Sickness or injury is the only acceptable excuse for absence from any scheduled activity, class or practice session. In case of sickness, a counselor or other staff member will see that proper medical attention is received.

*IU Health Hospital Emergency Room* (24 hours a day)
*IU Health Walk-In Clinics:*
- Eastside: 8:00 a.m-8:00 p.m. Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Sunday
- Westside: 8:00 a.m.-8:00 p.m. Monday, Tuesday, Wednesday, Thursday, Friday, Saturday

Insurance, Doctor's services, medicine, mental health, academic counseling, physical therapy, etc., are not included in the Academy fees.

**Closing of Ballet 2017**
The ballet Intensive ends with a recital at 12:00 each Saturday afternoon. Students must remove all personal belongings from the residence hall and **return room/residence hall keys** by 2:00 on Saturday. Difficulties with this check out time should be reported to a counselor.

**Weekenders**
If you are signed up for both weeks of the intensive and are planning to stay in the dorm over the weekend, a counselor will be available to stay with you. The college mall with movie theaters is a short bus ride away or you can take the time to enjoy the sights around campus. **If you will be leaving to stay with a parent, please let us know so that we may plan accordingly.**

**Hotel/Motel reservations**
Parents/Guardians should make hotel/motel reservations early if they will be staying over to attend the recital. For local lodging information please click on "Visiting" in the left menu of the Summer Ballet Intensive web page.

**Cancellation**
In cases of last minute cancellation for reasons beyond the student's control, all fees paid, less $200.00, will be refunded.
List of things for dancers to bring:

FEMALES (minimum – you may bring more):

- One solid color leotard
- Other leotard of dancer’s choice
- Pink tights
- Black tights
- Ballet slippers (pink or black)
- Pink pointe shoes
- An extra pair of pointe shoes in highly recommended!
- One ballet skirt solid color
- One ballet skirt patterned
- Soft character shoes and/or jazz shoes

MALES

- White T-shirt
- Other t-shirts or leotards
- Black tights
- White socks
- Black socks (if black shoes)
- White shoes (or black if not available)
- Soft character shoes (jazz shoes)

ALL:

- Pillow and blanket
- Shorts
- Casual reception wear
- Very comfortable walking shoes – there will be a lot walking. (after a day of dancing you will need to be comfortable!)
- Water Bottle
- Lightweight jacket, sweater or sweatshirt (practice rooms are sometimes cool).
- Raincoat, umbrella – Indiana rains - you will get wet
- Nightwear, bathrobe, slippers (bathroom is down the hall). Flip flops or shower shoes.
- Swimsuit and towel – swimming is possible
- Toiletries

Optional: camera, healthy snacks, bottled water

Spending money: There will be one dinner out per week, snacks, laundry, music, souvenirs. If you are spending the weekend there will be a trip to the mall, possible movie

SOME TIPS:

- Do not bring large sums of cash. Traveler’s checks are suggested. Local stores will not accept or cash out-of-town personal checks.
- 2 sheets, 1 pillowcase, 2 towels are provided.
- Pillow and blanket are not provided.
- Snacks will not be provided.
- Label everything including, notebooks, and clothing. Make a list of what you bring.
- Don’t leave your possessions unattended anywhere. Things can disappear.

SOME REMINDERS:

- Students are expected to attend all classes, lessons, practice periods, and concerts.
- Students are expected to behave courteously and responsibly at all times.
- Students are expected to enjoy their time and learn a lot!

Special Note about Foot and Leg Care:

The ballet intensive is intended to give the student the opportunity to experience instruction in a collegiate setting. It is a very physically challenging camp and dancers need to come prepared to properly care for the normal wear that may occur as a result. Blisters, chafing, sore muscles, are to be expected. Please come prepared with personal care items. You will have access to a refrigerator and ice.