Indiana University Jacobs School of Music

BALLET SUMMER INTENSIVE ACCEPTANCE AND CONDUCT AGREEMENT 2010

1. __________________________ (print name) am planning to attend the 2010 Indiana University Ballet Summer Intensive.

THE FOLLOWING REGULATIONS SHOULD BE CAREFULLY READ AND UNDERSTOOD BY BOTH THE STUDENT AND HIS/HER PARENTS. THIS FORM SHOULD THEN BE SIGNED AND RETURNED WITH ALL REQUIRED FORMS TO:

PRE-COLLEGE AND SUMMER PROGRAM OFFICE
IU JACOBS SCHOOL OF MUSIC
1201 E. 3rd St. BLOOMINGTON, IN. 47405

1. All use of tobacco, alcohol, and other drugs is strictly prohibited. Possession and/or use of tobacco, alcohol, or other controlled substances will result in immediate dismissal from the Ballet Summer Intensive.

2. Male and female students must remain on their respective floor(s) and should not enter each other’s floor(s).

3. Summer Intensive students must be on their assigned dormitory floor by 10:00 p.m. each night, unless they have signed out in advance for a special activity.

4. Ballet Summer Intensive students may not leave campus at any time without supervision by Ballet Summer Intensive staff or faculty. Off campus trips with non-Ballet Summer Intensive supervision must have the written permission of parent/guardian on file and the Ballet Summer Intensive director’s permission.

5. Summer Intensive students will not be permitted to operate a motor vehicle while attending the Summer Intensive. Indiana University assumes no liability in case of an accident involving non-university vehicles or theft/loss of same.

6. Television sets are not allowed in the dorm rooms.

7. Summer Intensive students are expected to behave in a mature and responsible manner. Students will be held strictly liable for damage to University property and will also be subject to disciplinary action.


9. I will not open the windows in my Forest Center dorm room.

10. I will not re-arrange the furniture in my Forest Center dorm room.

11. I will not enter any other residential floor other than my dorm room floor in Forest Center.

DISCIPLINARY ACTION RESULTING IN IMMEDIATE DISMISSAL FROM THE BALLET SUMMER INTENSIVE WILL BE TAKEN BY THE WORKSHOP DIRECTOR IN CASES OF NON-COMPLIANCE WITH ACADEMY AND DORMITORY REGULATIONS.

I have read and understand the above regulations. I hereby agree to comply with these policies.

Student’s printed name __________________________________________

Student's signature ______________________________________ Date __________

Parent/Guardian's signature _________________________________ Date __________
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)

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:
AUDIO/VIDEO/PHOTO RELEASE FORM

This form must be completed and signed by the parent of a minor child attending an Indiana University Jacobs School of Music Pre-College Program or Academy.

My child (under the age of 18) _____________________________________________, plans to participate in an IU Jacobs School of Music Pre-College Program or Summer Academy. I understand that audiotapes, videotapes, and/or photographs may be taken of the Program participants. I hereby give my consent for my child (under the age of 18) to audiotaped, videotaped, and/or photographed in connection with their participation in the Program.

I further agree that all such audiotapes, videotapes, and or photographs shall be the exclusive property of Indiana University and, subject to the limitations expressed below, I release and give to Indiana University all rights of ownership and all rights to copy, and publish, and use such audiotapes, videotapes, and/or photographs. I acknowledge and agree that Indiana University may use any and all audiotapes, videotapes, and/or photographs for educational and promotional purposes, included but not limited to publication in brochures and other promotional materials and on the University’s websites. I understand that Indiana University will not identify my child (under the age of 18) by name or allow any third party to use the audiotapes, videotapes, and/or photographs for commercial purposes without obtaining my written permission in advance.

I HEREBY CONSENT TO THIS AUDIO/VIDEO/PHOTO RELEASE.

Parent Signature: _______________________________________________________

Printed Name: __________________________________________________________

Date: _________________________
Shuttle Information for Minors traveling alone by air to Indianapolis

If you are planning to arrive to the IU campus via Bloomington Shuttle (the hourly shuttle from the Indianapolis Airport to IU), please send your arrival time and cell phone number to Sally Nicholson, Pre-College and Summer Program Coordinator, at the following email address:

nicholss@indiana.edu

Sally will use this information to make sure someone is there to meet you when you arrive, and get you to your dorm room safely and quickly so that you don’t miss a minute of the Ballet Summer Intensive.

Please send this information as soon as possible so that the registration can be properly staffed. If you have not yet booked your shuttle ride, please follow the link below to reserve your seat:

http://www.bloomingtonshuttle.com/

IMPORTANT: Print two (2) copies of your receipt and have them available when you travel. You’ll need one copy for the ride TO Bloomington, and one for the ride BACK to the airport.

Thank you very much. Please do not hesitate to email with any questions or concerns you may have.