Indiana University Jacobs School of Music
College Audition Preparation

Deadline for return of materials **July 1, 2017** by email, fax or scan. Forms may be delivered at registration, however students MAY NOT participate in activities without signed forms. We encourage you to complete your registration as soon as possible.

Mail all forms to:

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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
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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. _____ Acceptance and Conduct Agreement

5. _____ Program Release completed and signed by parent or legal guardian

6. _____ Airport shuttle pickup form (if needed)

7. _____ Photo Release Form, completed and signed

8. _____ Vital Information (Do not return)

9. _____ CAP Tips list (Do not return)

Name of Participant: ____________________________________________________________

(Please print)

Signature of Parent or Guardian: ________________________________________________

PLEASE RETURN THIS FORM

2017 College Audition Preparation Workshop p.1
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:
The Jacobs School of Music takes many precautions in an effort to ensure the safety of the young musicians entrusted to its care. At the College Audition Preparation Workshop, 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 **July 1, 2017** by post or fax. Do not email 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**

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Student:  _________________________________________________________________________________________      Birthdate: ___________________________________

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
  Specifying 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?

**PLEASE RETURN THIS FORM**
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______________
Assumption of Risk and Release from Liability (“Agreement”)

I, the undersigned, give permission for my Child to participate in the College Audition Preparation Workshop, offered on behalf of The Board of Trustees of Indiana University ("IU"), at the Spruce Hall Residence Center and Jacobs School of Music from July 23 to July 29, 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 damage to 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 or 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
Shuttle Information for Minors traveling alone by air to Indianapolis

If you are planning to arrive to the IU campus at the Willkie Residence Center via GO Express Shuttle (the hourly shuttle from the Indianapolis Airport to IU), please send your arrival time and cell phone number to Liz Pfaffle, at the following email address: epfaffle@wcupa.edu

Liz 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 College Audition Preparation Workshop. Her emergency contact number is 812-219-3426

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 one of the links below to reserve your seat:

http://goexpresstravel.com (formerly Bloomington Shuttle)

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.
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   College Audition Preparation Workshop

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**  
**College Audition Preparation General Information**  

**July 23 - July 29, 2017**

**Important Travel Policy for 2017 CAP 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. Students must complete the instructions on the attached “Shuttle Pick-up” form if he/she travels by shuttle.

**GO Express Travel:** 800-589-6004 or 812-332-6004  

**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: Liz Pfaffle  
epfaflle@wcupa.edu  812-219-3426

**Arrival**
Please plan to arrive for check-in at Spruce Hall Residence Center between 2-4 PM on Sunday, July 23. Students may not enter the dorm before 2:00pm without a parent.

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  

**Early and Late Arrival**
Students who must arrive before Sunday will be responsible for their own accommodations. Students who know they will miss the 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 between 9:00am and noon on Saturday.

**Orientation and Registration**
CAP registration:  
Spruce Hall Residence Center  
1801 E. Jones Ave. Bloomington, IN 47406

**Sunday: July 23**

Registration is from 2-4 p.m.  
Please check in at the Spruce Hall Residence Center to receive keys and room assignments.

**Counselors**
Counselors will live in 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 CAP 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 CAP counselor.
**Residence Halls**
The College Audition Preparation Workshop will be housed in Spruce Hall Residence Center. Each wing will also house CAP counselors. All rooms are air-conditioned. Coin-operated laundry facilities are available. Telephones are not provided in students’ rooms. Telephone cards are recommended. **Linens are provided. Blankets and pillows are not provided.**

**Please note:** Students will be issued dorm key cards and meal cards at registration. If a dorm key is lost the replacement fee is $50. The replacement fee for a lost meal ticket is $10.

*Individual room numbers will be available at registration. Please BE SURE to let your parents know by Sunday 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.*

**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.

**Dress**
Casual attire will be acceptable for most activities. Please see Attached “CAP Tips 2017”. 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 Workshop 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 WORKSHOP DIRECTOR in case of non-compliance with WORKSHOP 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 Workshop 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 Workshop Administration is not responsible for the safety of cars stored at the stadium. Workshop students are not permitted to operate any motor vehicles while in attendance.

**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 8:00-12:00, 1:00-5:00 pm. **The Coordinator: Liz Pfaffle – 812-219-3426** should be the first contact in an emergency.

**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)
- **I.U. Healthcare Center**, 8:00-4:30 Monday-Friday, closed weekends.
- **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 CAP 2017**
The Workshop ends after breakfast on Saturday morning. Students must remove all personal belongings from the residence hall and **return room/residence hall keys by 12:00pm on Saturday**. Difficulties with this check out time should be reported to a counselor.

*Hotel/Motel reservations*
Parents/Guardians should make hotel/motel reservations early if they will be staying over. For local lodging information please go to [www.visitbloomington.com](http://www.visitbloomington.com)

*Cancellation*
In cases of last minute cancellation for reasons beyond the student's control there is a $200.00 cancellation charge for withdrawing from the program prior to the start of the workshop. Refunds are not available after the start of the workshop.
Here is a list of things to keep in mind as you pack for the College Audition Preparation Workshop.

**Bring the following items with you:**
- your instrument(s), mutes, and reeds;
- your music, including music to work on for the mock audition, any etudes, scales books, and any new pieces you intend to work on during the week;
- a notebook and pen/pencils;
- a metronome;
- a notebook of music manuscript paper for theory classes;
- casual wear for most activities:
  - Shorts
  - Jeans
  - T-shirts
  - 2 pairs of casual shoes;
- Dress clothes for concerts
  - Girls: dress and/or skirt and/ or dress pants, blouses, dress shoes
  - Boys: slacks and button shirts, dark shoes;
- Lightweight jacket, sweater or sweatshirt (practice rooms are sometimes cool);
- Raincoat or umbrella;
- Nightwear, bathrobe, slippers (bathroom is down the hall);
- Personal toiletries;
- A camera;
- Spending money for snacks, music, etc.
- A pillow and a light blanket

**SOME TIPS:**
- *Do not bring large sums of cash.* Local stores will not accept or cash out-of-town personal checks.
- *Bed linens and towels are provided.*
- Label everything including instruments, music, 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 about playing their instrument well!