Indiana University Jacobs School of Music
Summer Saxophone Academy Return Checklist

Deadline for return of materials **June 23, 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 with **copy of insurance card** (front and back), completed and signed.
3. ______ Medical Wellness Form, completed and signed by parent or legal guardian.
4. ______ Code of Conduct Participant Agreement, completed and signed.
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. ______ Saxophone Tips list
9. ______ Vital Information

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:

_________________________________________
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 Summer Saxophone 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 June 23, 2017 by scan, email, fax or you may bring with you to registration. Please note: Students 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: __________
Mother’s name: ___________________________________________ Day phone: __________________________ Eve. phone: __________________________
Father’s name: ___________________________________________ Day phone: __________________________ Eve. phone: __________________________
Mother/Father/Guardian Cell phone #: ___________________________________________ (M) and __________________________________________ (F/G)
M/F/G Home FAX # __________________________________________ Other # where we can FAX you: __________________________________________
M/F/G E-mail addresses (print clearly!): ___________________________ and ___________________________
Legal Guardian: ___________________________________________ Day phone: __________________________ Eve. phone: __________________________
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: __________________________
In the event of an emergency, whom should we contact in Bloomington if the local host is not reachable?
☐ No one—contact a parent. ☐ Contact the person below:
Name: ___________________________________________ Day phone: __________________________ Evening: __________________________
Date of last tetanus shot? ________________
Does the student have any DIETARY RESTRICTIONS? ________________________________________________________________
______________________________________________________________
Parent/Guardian’s Signature _________________________________
**MEDICAL ALERT INFORMATION**

List all regular medications (including eye drops), prescribed emergency medications, drug allergies, all other allergies, ongoing medical or psychological conditions, physical impairments, surgical history, and history of bone fractures. (Explain if necessary on a separate sheet of paper.)

- Mediations the student is currently taking: any side effects?
- Has the student been advised to wear any of the following while practicing?
  - ○ brace (specify)  ☐ pad or splint
  - ○ Other protective device (specify)

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

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**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?

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**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 IU Summer Saxophone Academy, offered on behalf of The Board of Trustees of Indiana University ("IU"), at the Forest Residence Center and Jacobs School of Music from July 16 through July 22, 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 or reasonably foreseeable, including the following: 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

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Shuttle Information for Minors traveling alone by air to Indianapolis

For those who are flying to Indianapolis, please make arrangements to take one of the shuttles to Bloomington and then on the return. The Star of America has a drop off at the northside of Read Residence Center. Go Express Travel has a drop off at Willkie Residence Center. Both services cost the same and have the same great service. Each runs on an alternating 2-hour schedule. Please choose the one that will more closely fit the time of arrival and departure for your student. It is not necessary to purchase a roundtrip ticket so you may arrive on one and depart on the other.

Please make your arrangements and print your tickets in advance so your student has them. Tickets may be used at any time during the day for which you purchase them.

Once you have made your arrangements please send your arrival time and cell phone number to tbd, at the following email address: tbd

Tbd will use this information to make sure someone is there to meet you when you arrive. His/her emergency contact number is tbd.

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/airport_shuttle_schedule

or

http://www.soashuttle.com/locations/bloomington-to-indianapolis/ (Star of America)

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: Saxophone Academy  

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  ___________________________
Important Travel Policy for 2017 Summer Saxophone Academy Students:

All students arriving alone at the Indianapolis International Airport may travel to and from the airport to I.U. by either:

- Star of Indiana, GO Express Travel service or Classic Touch Limousine. Students must complete the instructions on the attached “Shuttle Pick-up” form if he/she travels by shuttle.

  Students will be met at the Read Residence Center drop-off point by a Saxophone Academy Staff member and transported to Forest Residence Hall. Reservations must be made and paid for in advance. Please see the “Shuttle Pick-Up” form.

  - GO Express Travel: 800-589-6004 or 812-332-6004, http://www.goexpresstravel.com/
  Students will be met at the Willkie Residence Center drop-off point by a Saxophone Academy Staff member and transported to Forest Residence Hall. Reservations must be made and paid for in advance. Please see the “Shuttle Pick-Up” form.

  Classic Touch will take the student directly to Forest Residence Hall, located at 1801 E. Jones Drive, Bloomington, IN.

Contact
Day of arrival: if there are questions, concerns or changes in travel plans, please contact:
TBD

Arrival
Please plan to arrive for check-in at Forest Residence Hall between 4 and 6 PM on Sunday, July 16. If you will arrive earlier or later, please be in touch with Tom Walsh for instructions. He will arrange for a counselor to meet you.

Click here for a map of Indiana University campus:  http://www.iub.edu/~iubmap/
Click here for a map of Bloomington and the 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 orientation meeting should contact the Tom Walsh in advance so that counselors may be aware of late arrival. Students are required to depart the dormitory by 10 am on Saturday.

Orientation and Registration
Sunday, July 16, 2017 from 4-6 p.m. Please check in at Forest Residence Hall to receive keys and room assignments.
After check-in: Students meet in the Floor Lounge for a group dinner and orientation.
**Counselors**
Counselors will live in Forest Residence Hall 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 Saxophone Academy students (“buddy” system) or an adult counselor. Students may not wander the campus alone. There generally will not be any time or need for students to go off campus; however, any student going off-campus must be accompanied by a Saxophone Academy counselor.

**Residence Halls**
The Saxophone Academy will be housed in Forest Residence Hall [http://www.rps.indiana.edu/forestrescenter.cfm](http://www.rps.indiana.edu/forestrescenter.cfm)
Each wing will also house Saxophone 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** (2 sheets, 1 pillow, 1 pillowcase, 1 towel). Blanket is not included.
Please note: Students will be issued dorm key/meal cards at registration. The replacement fees for a lost key and meal cards are $150 and $10.

**Hours**
Students will be expected to be on their assigned floor 20 minutes after the last evening activity concludes. Lights out is 10:30 pm each night.

**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. Sunday dinner will be provided. Students arriving before, or staying after, these times will be responsible for their own meals.

**Dress**
Casual attire will be acceptable for most activities. Dress for the Friday evening concert is business casual (no jeans, shorts, t-shirts, or tennis shoes). 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 Academy 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 WILL BE TAKEN BY THE ACADEMY DIRECTOR in cases of non-compliance with ACADEMY 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 Academy, 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 Academy Administration is not responsible for the safety of cars stored at the stadium. Academy students are not permitted to operate any motor vehicles while attending the Academy.

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. TBD 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 Saxophone Academy 2017
The Saxophone Academy ends with a recital at 7:00 pm Friday evening. Students must remove all personal belongings from the residence hall by 10:00 am on Saturday. Difficulties with this check out time should be reported to tbd.

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 “Travel and Housing” in the left menu of the Summer Saxophone Academy 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.
What to Bring the Saxophone Academy:

- Your saxophone(s)
- Reeds
- Music: solo repertoire, etudes, jazz books, scale books
- If you are bringing classical solo repertoire, please also bring the piano parts for these pieces
- Metronome and tuner
- Notebook for lesson notes and to take notes in master class
- Recording device (if you wish) (could be your phone) for recording lessons/master class/concerts
- Everyday dress: shorts, t-shirts are o.k., sweater or sweatshirt in case practice rooms are cold
- For the Friday evening concert: business casual (no jeans, shorts, t-shirts, tennis shoes)
- Umbrella
- Toiletries
- Linens are provided by the dorm. This includes sheets, pillows, and two towels. Blanket upon request.
- Snacks
- Students do not need much if any spending money. All meals are included in the dorm fee (or commuter meal card). There will be the opportunity to buy snacks if needed.