Indiana University Jacobs School of Music  
Summer String Academy Return Checklist 2014  

Deadline for return of materials is a June 6, 2014 postmark. Failure to meet this deadline will jeopardize your reserved place in the String Academy. 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 Bloomington, IN 47405  

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

The following material is attached, please check off each item. All forms must be signed by student and parent or guardian when appropriate.

1. _____ Consent for Medical Treatment of a Minor, completed and signed.
2. _____ Medical Wellness Form, completed and signed.
3. _____ Program Release Form, completed and signed
4. _____ Acceptance and Conduct Agreement, completed and signed.
5. _____ Cell Phone Policy Agreement, completed and signed.
6. _____ Media Release Form, completed and signed.
7. _____ Practice Agreement, completed and signed.

Name of Participant: __________________________________________  
(Please print)

Signature of Parent or Guardian: _________________________________

PLEASE RETURN THIS FORM  
Pre-College and Summer Programs Office, I.U. Jacobs School of Music  
1201 East Third Street Bloomington, IN 47405

Or fax forms to: 812-855-4936  
Attn: Pre-College and Summer Programs Office
Indiana University Jacobs School of Music  
Summer String Academy  
MEDICAL WELLNESS FORM 2014  
(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 entrusted to its care. At the Summer String 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 6, 2014**.

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**

<table>
<thead>
<tr>
<th>Student: ______________________________</th>
<th>Birthdate: ____________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home telephone: ______________________</td>
<td>Student’s E-mail address (print!)</td>
</tr>
<tr>
<td>Home address: ________________________</td>
<td>City: ______________________ State: ______ Zip: __________</td>
</tr>
<tr>
<td>Mother’s name: ______________________</td>
<td>Day phone: __________________ Eve. phone: __________________</td>
</tr>
<tr>
<td>Father’s name: ______________________</td>
<td>Day phone: __________________ Eve. phone: __________________</td>
</tr>
<tr>
<td>Mother/Father/Guardian Cell phone #s:</td>
<td>(M) and ___________________ (F/G)</td>
</tr>
<tr>
<td>M/F/G Home FAX #: __________________</td>
<td>Other # where we can FAX you: __________________</td>
</tr>
<tr>
<td>M/F/G E-mail addresses (print clearly!):</td>
<td>and __________________</td>
</tr>
<tr>
<td>Legal Guardian: _____________________</td>
<td>Day phone: __________________ Evening phone: __________________</td>
</tr>
<tr>
<td>Student’s local address if not living on campus: __________________</td>
<td>City __________________ Zip ________</td>
</tr>
<tr>
<td>Local host (if not parent): ________________</td>
<td>__________________</td>
</tr>
<tr>
<td>Local host’s day phone: ________________</td>
<td>Evening phone: ________________</td>
</tr>
<tr>
<td>Local host’s cell phone #: ________________</td>
<td>FAX #: __________________ E-mail: __________________</td>
</tr>
</tbody>
</table>

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 ________________  
Parent/Guardian’s Signature __________________________  

Does the student have any DIETARY RESTRICTIONS? __________________________
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: ______________ Appendix removed? __________

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    ☐ Severe cramps, PMS    ☐ Dizziness or fainting spells    ☐ Epilepsy or seizures
☐ Heart condition or other serious health problem (please specify) __________________________
☐ Diabetes       Any family history of 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?

________________________________________________________________________________________________________

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 ___________________________
Past 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:

________________________________________

© 2010
Indiana University

Assumption of Risk and Release from Liability (“Agreement”)

I, the undersigned, give permission for my Child to participate in the IU Summer String Academy, offered on behalf of The Board of Trustees of Indiana University (“IU”), at the Forest Residence Center, Woodlands Dining Center, and Jacobs School of Music from June 21st through July 19th 2014 (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:
   Playing of musical instruments, musical concert attendance, consumption of food and beverage, optional swimming, optional recreation activities (volleyball, Frisbee, soccer, bowling, etc.).

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: drowning, food/drink allergies, sprains, cuts, bruises.

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 Program, 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
I, __________________________ am planning to attend the 2014 Indiana University String Academy
(Print name)

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 THE OTHER REGISTRATION MATERIALS.

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 String Academy.

2. All Academy students must wear nametags at all times as mandated by university policy.

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

4. Academy 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.

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

6. Academy students will not be permitted to operate a motor vehicle while attending the Academy. 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. Academy 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.

8. My parents/guardians and I release Indiana University and its agents/employees, and the IU String Academy and its agents/employees from any and all claims, demands and causes of action on account of any injury, illness or loss which may occur during my participation in the String Academy, June 21 – July 19, 2014.

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

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

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

DISCIPLINARY ACTION RESULTING IN IMMEDIATE DISMISSAL FROM THE STRING ACADEMY WILL BE TAKEN BY THE ACADEMY 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 the policies of the String Academy.

Student’s printed name________________Student’s signature_________ Date______

Parent/Guardian’s signature________________Date ____________

PLEASE RETURN THIS FORM.
Indiana University Jacobs School of Music STRING ACADEMY CELL PHONE POLICY 2014

In order to provide an atmosphere of musical learning that is conducive to the rigors of our program and respectful to our world-class faculty, we have developed a cell phone policy.

The following rules must be followed during the 2014 String Academy:

1. All cell phones must be **turned off** during practice and lesson times: 9 AM – 1 PM and 4- 6 PM Monday through Friday; and 9-12 AM on Saturday.
2. All cell phones must be **turned off** before entering any room in which a concert or master class is being held, including all parts of a hall or auditorium.
3. All cell phones must be **turned off** by “lights out” time.

On the first occurrence of improper cell phone use as determined by the String Academy staff, a participant’s parent will be contacted by the Director of the String Academy. On the second occurrence of improper cell phone use as determined by the String Academy staff, a participant’s parent will be contacted by the Director of the String Academy and the participant’s cell phone will be confiscated, and returned on the last day of the String Academy.

We fully appreciate the security a cell phone can provide. Rest assured that the head counselors and/or Christina Hightower may always be reached in case of an emergency. Rather than attempt to control when cell phones may be used, it is easier for us, and for our String Academy participants to understand and agree when cell phones cannot be used. Accordingly, it is the obligation of each participant’s parents to explain the requirements of, and ensuring compliance with, this policy. It is not our intention to confiscate cell phones. However, we simply cannot tolerate the interruptions and interferences that having a cell phone tends to create.

Except as provided above, the students may have unlimited cell phone use. We strive to continue to bring in a world-class faculty to inspire and develop your young musicians. We trust we will have the full support of parents in our endeavor to make this a great experience for your child.

By signing, we understand and agree to be bound by the terms of this policy:

____________________________________ Parent Signature

____________________________________ Student Printed

____________________________________ Student Signature

PLEASE RETURN THIS FORM
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   June 21 – July 19, 2014

Participant’s Signature ___________________________ Date _________ / _______ / _______

Participant’s 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
STRING ACADEMY PRACTICE AGREEMENT

- I agree to be in my assigned practice room, during practice time. Practice rooms are for practicing ONLY.

  Practice Schedule
  9:00 am - 11:00 am
  4:00 pm - 6:00 pm

- I agree to be on time to each practice session.

- I understand that it is my responsibility to have my own practice supplies. (Suggested supplies include: metronome, wristwatch or clock, scotch tape, rosin, band aids, pencils, etc.)

- I understand that practice breaks are to be used for socializing, using the restroom, snacks and stretching.

- I understand that playing (running, rough housing, etc.) outside the practice rooms, in the halls, is not allowed.

- I realize that I will be sharing practice facilities with Indiana University Jacobs School of Music students and staff. I also understand the need to be respectful and polite. My behavior will not interfere with their activities in any way. In addition, I agree to take care of the equipment in each practice room that I use.

- I know extra practice does not apply towards required practice time.

- I understand that it is my responsibility to be in my dorm room at the required time in order to get enough sleep at night. This will allow me to be awake and productive during all practice sessions.

- I realize that violations of this agreement may result in a phone call to my parent/guardian. Furthermore, it may have a bearing on my acceptance to this camp in the future.

PRINT STUDENT NAME________________________________________________________
STUDENT SIGNATURE _______________________________________ DATE___________
PARENT/GUARDIAN SIGNATURE______________________________DATE___________
Home Phone Number _____________________ Work Phone _____________________
Parent’s E-mail _______________________________________________

PLEASE RETURN THIS FORM
Indiana University Jacobs School of Music
SUMMER STRING ACADEMY GENERAL INFORMATION

Important Policy for 2014 String Academy Students:
All students who are arriving at the Indianapolis International Airport unattended by an adult must travel to and from the airport to the Forest Residence Center (1725 East Third Street, Bloomington, IN 47406) by limousine service – there are no exceptions to this policy.

Classic Touch Limousine: 800-319-0082 or http://www.classictouchlimo.com/
You must mention IU String Academy when you make your reservation in order to receive the special rate for Indiana University Jacobs School of Music String Academy participants. If making the reservation online you must mention Summer Camp-String Academy in the comment box. There is a discount offered for multiple passengers. There is also a $10 charge for cellos as they are considered unique and oversized luggage.

Contact:
1. Questions about payment should be sent to musicsp@indiana.edu.
2. All other concerns can be directed to: Christina Hightower, Administrative Director, crunnacl@indiana.edu, 812-856-1523 or 812-345-9331.

Academy Study Program
Each student will be enrolled in two applied music lessons weekly and an appropriate chamber music ensemble. The Director of the String Academy assigns students to their private teacher. A number of violin students will be asked to play viola in chamber music groups. These students will have use of Indiana University violas. If you are a violinist who also has a viola, you are encouraged to bring it. Placement into ensembles is made by the faculty of the String Academy. Selected students will also be invited to participate in the String Academy Chamber Orchestra.

Arrival
A map of the Indiana University campus may be found at http://www.iub.edu/~iubmap/. Please plan to arrive in Bloomington between 1:00 and 4:00 p.m. on Saturday, June 21, 2014. Check-in will be at Forest Residence Center.

Early and Late Arrival
Students who must arrive before Saturday, June 21 will be responsible for their own accommodations. Students who know they will miss the 4:00 p.m. closing of registration on June 21 should contact Christina Hightower, 812-345-9331, crunnacl@indiana.edu so that counselors may be aware of late arrival. Students are required to depart the dormitory by noon on July 19.

If there are questions on the day of arrival, please call Christina Hightower at: (812) 345-9331 as the Office of Pre-College and Summer Programs is closed on Saturday and Sunday.
Registration and Orientation

Saturday, June 21
1:00 - 4:00 pm: Registration check-in and orientation will be in the Forest Residence Center lounge, at 1725 East Third Street, Bloomington, IN: http://www.rps.indiana.edu/forestrescenter.cfml
- Students will receive nametag, room key and meal card at this time.
- Violists and cellists sign up for chamber music placement auditions (held the next day, Sunday, June 22, beginning at 10 AM).
  Violinists may also audition but it is not required.
4:00 pm: Introductory meeting with parents, counselors and faculty at Forest Residence Center.
7:00 pm: Meeting with students and String Academy counselors to discuss rules and regulations (in Forest lounge)

Sunday, June 22

*9:00-12:00 pm: Auditions for violists and cellists will be held for placement in Chamber Music groups. Auditions for violinists will be optional. Chamber Music placement of violins will be made from the audition recording. Be prepared to play a movement of a concerto or short piece.
4 PM: Meet with Faculty in MA452 in the Music Building.

Counselors
Counselors engaged by the String Academy will live in Forest Residence Center with the students, and supervise their activities, answer questions, and provide assistance as needed.

Residence Hall
The String Academy will be housed in Forest Residence Center lounge, at 1725 East Third Street, Bloomington, IN: http://www.rps.indiana.edu/forestrescenter.cfml
Boys will be housed in a separate wing (or dorm) from the girls. Each wing will also house String Academy counselors. All rooms are air-conditioned. Coin-operated laundry facilities are available.

| Linens: students staying in Forest Residence Center may bring their own pillow, pillow case, extra long twin sheets (fitted and flat) and towels. However, students may rent linens for $60 with your housing option. |

Please note: Telephones are not provided and televisions are not allowed in individual rooms. The fee to replace a lost room key is $50.

Meals
Students will be issued meal cards at check-in. The replacement fee for a lost meal ticket is $10.
Meals will begin with dinner, Saturday, June 21 and end with breakfast, Saturday, July 19. Meal hours are subject to change, so please check with your counselors!

| 7:00 - 9:00 a.m. | Breakfast (Weekend hours are often different) |
| 12:00 - 1:15 p.m. | Lunch |
| 5:00 - 6:15 p.m. | Dinner |
Mail
Mail to String Academy students should be addressed as follows:

Student name  
c/o String Academy  
Forest Residence Center  
1725 East Third Street  
Bloomington, IN 47406-7509  
*DO NOT* include "Indiana University" in the address)

Individual room numbers will be available at check-in and not before.  
**BE SURE to let your parents know your hall name, room number, and counselor’s name and phone number after check-in.**

Dress  
Casual attire will be acceptable for most activities. However, students should bring *at least* one formal outfit (dress or skirts and blouses for girls, suit or slacks and coat for boys). Master class and recital participants will be expected to dress well for their performances. Air-conditioned rooms in the Jacobs School of Music can be quite chilly. A sweater is advisable.

Hours  
All String Academy activities begin at 9:00 AM sharp. Students will be expected to be on their assigned floor by 10:00 PM 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.

Daily Schedule  
All students will be required to follow the general daily schedule:

- 8:00 a.m. - Breakfast
- 9:00 a.m. - Practice*
- 11:00 a.m. - Chamber Music, Chamber Orchestra
- 1:00 p.m. - Lunch and Free Time
- 4:00 p.m. - Practice
- 6:15 p.m. - Dinner
- 7:15 p.m. - Master Classes, Concerts, etc.

*Younger students will be assigned to University students for help with some of their practice sessions.

Concerto Competition  
The String Academy Concerto Competition will be held during the third week. If you are interested in entering this competition, please come prepared with the music. There will be a winner in the violin, viola, and cello. All will perform during the final week of concerts. The required repertoire is:

- **Violin:** Haydn G Major Concerto (Movement I)  
- **Viola:** Telemann Concerto in G Major (Movements I and II)  
- **Cello:** Haydn C Major Concerto (Movement I)

Entertainment and Recreation  
Various recreation and social events are provided by the Academy. Free time for recreation or relaxation will be scheduled in the afternoon, usually from 1:00 to 3:30 p.m. All Jacobs School of Music recitals and concerts will be open to String Academy participants as well as the university athletic facilities for swimming, tennis, handball, and racquet games, etc. (There is a small fee for use of the swimming pools.) Bring swimwear, rackets, etc. if interested. Tours of various Jacobs Music School and University facilities,
(Musical Arts Center, Main Library, Lilly Library, and Art Museum) can be arranged on request; make your wishes known at the orientation meeting. Students will need cash only for laundry expenses, snacks, cab/limo fares, and elective recreational fees. They may also need to purchase some music. **Students are encouraged NOT to bring large amounts of money to campus.** Out-of-town checks are not generally accepted by local merchants, and students may have difficulty in cashing personal checks. We suggest the use of debit cards with limited amounts.

**General Policies**

The Academy Director in cooperation with the Dean of the Jacobs School of Music establishes policies and procedures for the Academy. Indiana University is operated by the State of Indiana and is subject to all laws, statutes and procedures of the state. **THE ACADEMY DIRECTOR in case of non-compliance with Academy or Halls of Residence rules and regulations WILL TAKE DISCIPLINARY ACTION IF NECESSARY.**

**String Academy students may not leave campus at any time without String Academy staff or faculty.**

**Off-campus trips with non-String Academy supervisors must first have the written permission of parent/guardians on file and the director of the String Academy’s permission.**

**Cars**

STUDENTS SHOULD NOT BRING AND STORE CARS UNLESS ABSOLUTELY NECESSARY. If a students must drive to Bloomington alone their car needs to be stored 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. The Academy 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.

**T-shirts/photo and Concert Book**

T-Shirts, photos and Summer String Academy Concert Book may be ordered online before the Academy begins. Please click on the online registration link, then log in with your user name and password. We have a T-shirt design competition so come prepared with your winning design - winner gets a free t-shirt and their design worn all around the world.

**Visa Information**

Students traveling to the United States from foreign countries are encouraged to enter on a tourist Visa to attend pre-college program at Indiana University. Please contact the Office of Pre-College and Summer Programs, [musicsp@indiana.edu](mailto:musicsp@indiana.edu) if you have a visa question.

**Cancellation**

In cases of last minute cancellation for reasons beyond the student’s control, all fees paid, less $300, will be refunded.

**Emergency**

In the event of an emergency, the fastest way to reach a participant is through the student’s counselor or head counselor. The administrator, Christina Hightower (812) 345-9331, should be the first contact in an emergency. The Office of Pre-College and Summer Programs (812) 855-6025, and the String Academy Office (812) 856-1523 may be called weekdays 8:00-12:00, 1:00-5:00 pm. Please check these numbers.
Absences
Sickness 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. Medical care is available from:

Medical Care
1. IU Health Hospital Emergency Room (24 hours a day)
2. IU Healthcare Campus Center, 8:00-4:30 Monday-Friday, closed weekends.
3. IU Health Urgent Care Walk-In Clinics: 8 AM -8 PM Monday- Saturday (closed Sunday)

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

End of String Academy
String Academy ends with a concert and reception on the evening of Friday, July 18. Concert time is 6 PM. Students must remove all personal belongings from the residence hall and **return room/residence hall keys and meal card, and be completely checked out of the dorm** by 12 noon on Saturday, July 19. 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 to attend the concert. There are many other events occurring that same weekend and local housing will fill up quickly. For local lodging information please click on “Visiting” in the left menu of the web site.

Indiana University Jacobs School of Music audition
High School seniors interested in auditioning for Indiana University will have this opportunity during the last week of String Academy. Please make arrangements with the String Academy Office.