Indiana University Jacobs School of Music  
Summer String Academy Return Checklist 2017

Deadline for return of materials is a **May 31, 2017** 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. ___ This completed checklist.
2. ___ Consent for Medical Treatment of a Minor with **a copy of the insurance card** (front and back), completed and signed.
3. ___ Medical Wellness Form, completed and signed.
4. ___ Code of Conduct Participant Agreement, completed and signed.
5. ___ Program Release Form, completed and signed
6. ___ Camper Sign-Out Permission Form, completed and signed. Optional if not getting signed out
7. ___ Practice Agreement, completed and signed.
8. ___ Cell Phone Policy Agreement, completed and signed.
9. ___ Media Release Form, completed and signed.
10. ___ General Information – Do not return
11. ___ Packing List – Do not return

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
Consent for Medical Treatment (minors only)

I, __________________________ , am the parent or legal guardian of __________________________________________________________

and I authorize (name of program) __________________________________________________________ to obtain emergency medical treatment

of this minor by an appropriate health care professional should the need arise while he/she is attending the program.

Signature __________________________ Date __________________________

Medical Information (all participants)

Participant’s name __________________________

Age ________ Birthdate __________________________ Date of last Tetanus Toxoid __________________________

Past health/injuries __________________________ Present health __________________________

Allergic reactions __________________________ Present medication __________________________

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

the parent or guardian for details.

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

Insurance Information (all participants) - Please attach a copy of the insurance card (front and back) with the form

Parents or legal guardians are responsible for the cost of a minor’s medical treatment. When available, insurance information will be processed by the

health facility performing the treatment, otherwise you will be contacted for payment by cash, check or credit card.

Insurance company __________________________ Address __________________________

City/State/Zip __________________________

Policyholder’s name __________________________

Policy number __________________________

Contact People (all participants)

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

Name __________________________ Relationship to minor __________________________

Address __________________________ Daytime phone __________________________

City/State/Zip __________________________ Evening phone __________________________

Cell phone __________________________

Name __________________________ Relationship to minor __________________________

Address __________________________ Daytime phone __________________________

City/State/Zip __________________________ Evening phone __________________________

Cell phone __________________________

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

______________________________
Indiana University Jacobs School of Music
Summer String Academy
MEDICAL WELLNESS FORM 2017
(must be completed by a parent/guardian)

The Jacobs School of Music takes many precautions in an effort to ensure the safety of the young musicians 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 May 31, 2017.

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: _____________________________ Evening 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______________________       Parent/Guardian’s Signature ______________________________

Does the student have any DIETARY RESTRICTIONS, EXCEPTIONS OR HABITS?___________________________________________________

______________________________________________________________________________________________________________________________________________

Does the student have any physical limitations or restrictions we should be aware of?___________________________________________________

______________________________________________________________________________________________________________________________________________
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.)

Medications the student is currently taking: any side effects?

Has the student been advised to wear any of the following while practicing?
- □ hand, wrist or arm brace (specify) ____________________________
- □ supportive glove
- □ pad or splint
- □ Other protective device (specify) __________________________________________

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

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
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____________
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 Dormitory, and Jacobs School of Music from June 24 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
CAMPER SIGN-OUT PERMISSION FORM - *OPTIONAL FORM*

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

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

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

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

Print name of authorized person: ______________________________________________

Relationship to student: _________________________________________________________

Phone number(s): ________________________________________________________________

Print name of authorized person: _______________________________________________

Relationship to student: _________________________________________________________

Phone number(s): ________________________________________________________________

Print name of authorized person: _______________________________________________

Relationship to student: _________________________________________________________

Phone number(s): ________________________________________________________________

_____________________________   _____________________________
Parent/guardian signature    Date
Indiana University Jacobs School of Music
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**

**STRING ACADEMY CELL PHONE POLICY 2017**

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 2017 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 masterclass 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 ______________________

Name of the Program: _______Summer String 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 Policy for 2017 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.**

Any special arrangements for international travel are the student’s responsibility. The Summer String Academy will **not** provide transportation to or from the airport.

**Classic Touch Limousine:** 800-319-0082 or [http://www.classictouchlimo.com/](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. *Please note: Limo must be reserved round-trip*

**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. Email is preferred

**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 24, 2017. Check-in will be at Forest Residence Center.

**Early and Late Arrival**
Students who must arrive before Saturday, June 24 will be responsible for their own accommodations. Students who know they will miss the 4:00 p.m. closing of registration on June 24 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 22.

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 24, 2017
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 25, 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 25

*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 the Music Building.
8:30 pm: Dorm meeting

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 $150.

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 24 and end with breakfast, Saturday, July 22. 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
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 are involved in a special group activity. Curfew extensions are granted only for special activities, and rarely exceed an extension of one hour.  
**Please note:** parents who check students out must have them back to the dorm by 10:00. There will be no exceptions to this policy.

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 - Optional
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. *Students must have the complete support and permission of a Summer String Academy teacher to participate. 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 Concerto in G Major (Movement 1)
Viola: Telemann Concerto in G Major (Movements III and IV)
Cello: Saint-Saëns Cello Concerto (Movement I and Coda Finale)

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**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. Sports facilities are available. 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.

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**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.**

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**Cars**

**STUDENTS SHOULD NOT BRING AND STORE CARS UNLESS ABSOLUTELY NECESSARY.** If a student 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.

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**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 if you have a visa question.

Cancellation
In cases of last minute cancellation for reasons beyond the student's control, all fees paid, less $200, 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.

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. There is a $65 charge for trips to the clinic, (which is not included in the Academy fees).

End of String Academy
String Academy ends with a concert and reception on the evening of Friday, July 21. Concert time is 6 PM. Students must remove all personal belongings from the residence hall and locker and return room/residence hall keys and meal card, and be completely checked out of the dorm by 12 noon on Saturday, July 22.

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.
Summer String Academy Packing List

Here’s a list of things to keep in mind when packing. See you on Saturday, June 24th!

DON’T FORGET:

- Your music (naturally!) Please bring pieces, scales, and etudes.

**Strings**: Come with new strings on your instrument and bring a spare set.

**Bow**: Please be sure to have recently re-haired your bow. You will need to do this **before** you come.

- Casual wear for practicing, lounging, picnics, etc.

- 3-4 dress outfits for master classes and concerts. Girls will need dresses. Boys will need dress slacks with collared shirts, ties, a tie pin (optional), and a sweater or sports jacket. A suit is optional (no tuxedos, please). Also include black slacks and a black or white collared shirt.

- A lightweight windbreaker or sweater (practice rooms are sometimes cold).

- At least two pair of casual shoes (in case you get soaked) and one pair of dress shoes.

- Nightwear (both lightweight and moderately warm – the building is centrally air-conditioned) and a bathrobe (**required**).

**Laundry**: Bring 3-4 rolls of quarters, (cost is approximately $5.00 per load).

- Bed linens (extra-long twin bed sheets, pillowcases), pillows, towels, and washcloths. The residence hall does not furnish sheets and towels. You may rent linens through your online registration which includes sheets, 1 pillow, 1 pillowcase, 1 towel, (cost is $60 to rent). A blanket is available upon request at the dorm center desk.

- Outdoor gear and sportswear: rain gear, sunglasses, swimsuit, beach robe, goggles, fast-draining water shoes, etc. We highly recommend that you bring a personal or small umbrella.

- Personal toiletries. Should include:
  - [ ] plastic cup
  - [ ] toothbrush and toothpaste
  - [ ] comb, brush, hair dryer
  - [ ] deodorant
  - [ ] contact lenses & cleaning solution for contacts or glasses
  - [ ] any medications and personal hygiene items you will need
  - [ ] shampoo, conditioner
  - [ ] sunscreen
  - [ ] insect repellant
  - [ ] vitamins, aspirin/Tylenol
  - [ ] feminine needs
Optional: metronome, cell phone, camera, portable media player, backpack, sports equipment. We **strongly** discourage bringing a laptop.

Spending money: you should bring sufficient personal funds to pay for laundry (the machines take only quarters) and snacks. You *may* also wish to bring money for the following items:
- Swimming fees (ca. $4.00-$6.00 per visit) if open swimming hours at the IU pools coincide with students’ free time. The Academy will pay basic swimming fees at state and city parks on group outings. The waterslide fee (optional) is the student’s responsibility.
- Optional recreational fees and incidental purchases (such as souvenirs and tickets to non-required concerts).

**ALL STUDENTS PLEASE NOTE:**

... **DO NOT** bring large sums of cash. Most local stores, however, will not accept out-of-town personal checks.

... **DO NOT BRING VERY EXPENSIVE THINGS** (such as professional-quality recording equipment, laptops, iPads, tablets or other such devices, costly jewelry, designer back packs, etc.) We recommend that you bring a metronome, preferably a no-frills model.

... **DO NOT** leave money or valuables – that includes pocketbooks, watches, metronomes, rings and music you value – in practice rooms during breaks. Lock backpacks and valuables in your lockers during meals and free time, or whenever you do not want to keep such items in hand.

... **LABEL EVERYTHING** (including music, notebooks, all items of clothing, sports gear). Make an inventory as you pack, so that you know exactly what you are bringing and will be certain to take it all home with you. Keep luggage to a minimum: **IF YOU WON’T USE IT, DON’T BRING IT!**

... **TEMPERATURES MAY FLUCTUATE** in the residence hall and practice room. Indiana is normally hot and humid in the summer.