Indiana University Jacobs School of Music
Summer String Academy Return Checklist

Deadline for return of materials is a **June 1, 2011** 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 and payments to:

<table>
<thead>
<tr>
<th>Pre-College and Summer Programs Office</th>
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<tbody>
<tr>
<td>I.U. Jacobs School of Music</td>
</tr>
<tr>
<td>1201 East Third Street</td>
</tr>
<tr>
<td>Bloomington, IN 47405</td>
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</tbody>
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Or fax forms to: 812-855-4839
Attn: Pre-College and Summer Programs Office

The following material is attached, please check off each item.

1. _____ **Consent for Medical Treatment of a Minor**, completed and signed by parent or legal guardian.

2. _____ **Medical Wellness Form**, completed by parent or legal guardian and signed.

3. _____ **Acceptance and Conduct Agreement**, completed and signed.

4. _____ **Cell Phone Policy Agreement**, completed and signed.

5. _____ **Media Release Form**, completed and signed.

6. _____ **Practice Agreement**, completed and signed.

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)

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 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 1, 2011.

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: __________

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): ___________________________ Day phone: ___________________ Evening phone: __________________

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? ___________________________________________
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:

_______________________________________________________________________________________________________________________

_______________________________________________________________________________________________________________________

PLEASE RETURN THIS FORM

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)  ☐ 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?

_______________________________________________________________________________________________________________________

_______________________________________________________________________________________________________________________
Indiana University Jacobs School of Music
STRING ACADEMY ACCEPTANCE AND CONDUCT AGREEMENT 2011

I, __________________________ am planning to attend the 2011 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 OTHER REGISTRATION MATERIAL.

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

3. 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.

4. String Academy student 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.

5. 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 18 – July 16, 2011.

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

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

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

DISCIPLINARY ACTION RESULTING IN IMMEDIATE DISMISSAL FROM THE 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
Dear Parents,

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 new cell phone policy.

The following rules must be followed during the 2011 String Academy:

1. All cell phones must be **turned off** during practice and lesson times: 8:00 AM - 12:30 PM and 3:30 - 5:30 PM. Monday thru Friday

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
AUDIO/VIDEO/PHOTO RELEASE FORM

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

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

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

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

Parent Signature: ________________________________

Printed Name:___________________________________________

Date: ______________________
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

  8:00 am - 9:00 am Practice
  9:00 am - 9:10 am Break
  9:10 am - 10:15 am Practice
  3:45 pm - 4:35 pm Practice
  4:35 pm - 4:45 pm Break
  4:45 pm - 5:30 pm Practice

• 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 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