SUMMER DANCE LAB at Whitman College

Phone: 509.386.0448 Fax: 201.918.5946

sdl@whitman.edu **www.whitman.edu/summer_dance & www.summerdancelab.com**

Welcome to Summer Dance Lab 2013!

We at SDL are looking forward to seeing you this Summer. Please print out all forms following this page, and send them together to:

Lydia Tetzlaff
131 Highland Ave.
Jersey City, NJ 07306

Please note: We will need to have ALL of these forms on file by May 28th, 2013, in order to allow any dancer to check-in at the dorms and begin attendance at SDL 2013.

Thank you for your cooperation, and see you soon!

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2013 CANCELLATION/REFUND POLICIES

Student's Last Name_____ First Name_____

Due to increases in our cost commitments to Whitman College, Bon Appétit food service, and to staff and faculty, it has become necessary to implement the following policies:

• If you cancel **before May 28th,** you will receive a full refund minus the $235 deposit fee.

• If you cancel **after May 28th,** but 21 days prior to your session's starting date, SDL will retain 50% of the fees you have paid plus the $235 deposit fee.

• Fourteen days prior to your session's starting date and throughout the duration of the Summer Dance Lab, all deposited fees are non-refundable.

• Once your session has begun, if you choose to leave, you will not receive any refund.

• Once your session has begun, if we ask you to leave for any reason, either behavior or new injury related, you will be refunded one-half of any unused room and board you have paid.

• If you have had any injury this year please contact our staff before you register for our program. We will not be responsible for any re-injury you might incur.

PLEASE SIGN BELOW TO INDICATE YOU HAVE READ, UNDERSTOOD AND ACCEPTED THE CANCELLATION/REFUND POLICIES STATED ABOVE.

Parent(s)'/Legal Guardian's signature: _____

Date: _____

Please complete this form and return to:
Lydia Tetzlaff, 131 Highland Ave., Jersey City, NJ 07306

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2013 PHYSICIAN'S STATEMENT

Student's Last Name: _____ First Name:_____

Program: 2 week_____ 3 week_____ 5 week _____

Date of most recent physical examination by undersigned physician _____

This SDL applicant will be dancing six hours or more a day, six days a week, for two to five weeks. SDL strongly recommends that a student with a recent injury, or lengthy layoff from dance due to illness or any other reason not attend this summer.

After physical examination and review of health history, do you feel that this applicant can safely undertake and maintain this active schedule? Yes _____ No _____

Does this student have any physical disabilities, limitations, or past injuries? Yes ____ No____

If yes, please list and give current condition and relevant treatment:

_____

_____

_____

_____

Physician's signature: _____ Date: _____

Please print Physician's name:

_____

Physician's phone number: (_____) _____

Students' SSN: _____

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2013 CONSENT AND AUTHORIZATION FOR MEDICAL TREATMENT DURING ABSENCE OF PARENT OR LEGAL GUARDIAN

During my absence or in the event that I cannot be reached immediately, I acknowledge that necessary medical care may be administered to:

Student's Last Name _____ First Name _____ Middle Initial ____
Number of weeks attending (check one): _____(2 wks) _____(3 wks) _____(5 wks)
Date of Birth _____
Medical Conditions being treated:

_____

_____

List of Current Medications:

1. _____ Dosage: _____
2. _____ Dosage: _____
3. _____ Dosage: _____
4. _____ Dosage: _____
5. _____ Dosage: _____

Allergies: _____

Previous Injuries: _____

I understand such treatment will be limited solely to those procedures deemed necessary by attending physician to treat properly: 1) emergency conditions, and 2) conditions which may be less than life threatening but which nonetheless require prompt attention and care.

This authorization and consent shall be valid for the entire SDL program.
Signed _____ Date _____
(Parent/Guardian Signature)

Date of Birth of Primary Insurance Holder _____

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2013 MEDICAL INSURANCE
AND EMERGENCY CONTACT INFORMATION

Student Last Name_____ First Name:_____ Middle Initial: ___

Parent or Legal Guardian: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: (_____) _____ Work phone: (_____) _____

Parent's Cell phone: (_____) _____

Emergency Contact Person:

_____

Emergency Contact Phone number: (_____) _____

Medical Insurance Company: _____ Telephone: (_____) _____

A photocopy of BOTH SIDES of your insurance card MUST be attached to this form when you return it.

Policy Number: _____Student's number: _____

Name of subscriber:

_____

Subscriber date of birth: _____

Student will not be permitted to participate in dance activities without proof of insurance or signed statement of uninsured financial responsibility below.

If you do NOT carry insurance please sign below: "I will be responsible for any bills incurred for student listed above and will pay directly the doctor, hospital, clinic, and/or pharmacy used in treatment."
Signature: _____ Date: _____

(Parent/Guardian Signature)

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2013 MEDIA RELEASE

I understand that photographers and /or television crews may sometimes be present photographing or filming SDL classes, rehearsals, and presentations. I give my permission for resulting photographs and/or video/film footage which may include myself/my child to be used for promotional purposes on television, newspapers, programs, magazines, or any other media.

Student's Name: _____

Student's Signature:_____ Date: _____

Parent/Legal Guardian Signature:_____ Date: _____

2013 PERSONAL RELEASE

I hereby agree that I will not hold SDL or any of their faculty, employees or volunteers liable for any injury or illness, or for the loss or destruction of any personal property that may occur during or as a result of my/my child's enrollment and/or participation in the SDL program.

Student's Name: _____

Student's Signature:_____ Date: _____

Parent/Legal Guardian Signature:_____ Date: _____

2013 Summer Dance Lab Liability Waiver

Last Name_____First Name_____# of Weeks_____

In consideration of the acceptance of my participation in this activity, I hereby freely agree to and make the following contractual representations and agreements**: I FULLY REALIZE THE DANGERS OF PARTICIPATION IN AN EVENT OF THIS TYPE AND VOLUNTARILY ASSUME ALL THE RISKS ASSOCIATED WITH SUCH PARTICIPATION.** I understand the risks include; by way of example and not limitation, the following accidents that may happen while traveling in vehicles to event locales; including provided transportation/carpools/bicycles/walking/ Physical exertion during extreme temperatures and other unforeseen events.
I have read and understand the above (PARENT/GURADIAN INITIAL HERE)_____

I agree that it is my sole responsibility to be familiar with the physical and/or mental demands associated with this event. With these demands in mind, I have no physical or medical condition which, to my knowledge, would endanger myself or others if I participate in this activity or would interfere with my ability to participate in this activity. **I also agree** to abide by any established rules/regulations while in this activity.
I have read and understand the above (PARENT/GUARDIAN INITIAL HERE)_____.

I understand and agree that situations may arise during the event which may be beyond the control of the leader or participants. I RELEASE, FOREVER DISCHARGE AND AGREE NOT TO SUE Whitman College, board of trustees, administrators, employees, agents or assigns (hereinafter "Releases") or other participants**. I HEREBY WAIVE ALL SUCH CLAIMS WHICH I HAVE OR MAY HEREAFTER HAVE AGAINST THE ABOVE ORGANIZATIONS, ENTITIES, OR PERSONS, HOWEVER CAUSED, EVEN IF OCCASIONED BY OR PROXIMATELY CAUSED BY NEGLIGENCE ON THE PART OF RELEASEES, INCLUDING WITHOUT LIMITATION, ALL CLAIMS ARISING OUT OF OR IN ANY CONNECTION WITH MY PARTICIPATION IN THE EVENT.**
I have read and understand the above (PARENT/GUARDIAN INITIAL HERE)_____.

I agree, for myself and my successors, assigns, beneficiaries, executors, and my personal estate, that the above representations and agreements are contractually binding and are not mere recitals. I agree that my failure or refusal to sign other such agreements or releases shall in no way affect the validity of this agreement nor revoke or cancel any of the terms of this claim or bring any suit in violation of this agreement. I or any of my successors shall be liable for the expenses (including legal fees) incurred by the other party or parties in defending against such claim or suit.
This agreement may not be modified orally.
I have read and understand the above (PARENT/GUARDIAN INITIAL HERE)_____.

PARENT/GUARDIAN of a minor: I, as parent/guardian of the below-named minor, hereby give my permission for my child/ward to participate in the above-named event, and further agree, individually and on behalf of my child/ward, to the terms of the above.
NAME OF MINOR_____
I have read and understand the above (PARENT/GUARDIAN INITIAL HERE)_____.

If any word(s), phrase(s), term(s) of Health Statement & Liability Waiver are declared invalid or unenforceable by any court for any reasons, the remaining word(s), phrase(s), term(s) shall be valid and enforceable and construed as if the invalid or unenforceable word(s), phrase(s), term(s) were deleted.

I have read and understand the above (PARENT/GUARDIAN INITIAL HERE)_____.

NOTICE: This waiver is a contract with legal consequences. Read it carefully before signing. You will relinquish legal rights otherwise accruing to your benefit by operation of the law.

NOTE TO PARENT/GUARDIAN: Please read, sign and return by JUNE 1. The rules presented in this packet reflect our interest in safety and well-being of students. Students who violate SDL rules will be given warning: 'further infringement results in dismissal from the program'…without tuition or room & board refund. If there is a problem with a student, the appropriate SDL staff will be in touch with you for discussion and solutions. We have had few problems of a nature that would warrant dismissal, over the years of the program. If your son or daughter is to be absent, for ANY reason, we need you to state circumstances under "SPECIFICS" (see below). In signing this form you signify that you approve our concern for the student, and that we have your cooperation & permission to enforce rules which have been stated. In addition, you accept that Whitman College & SDL, including faculty, staff and properties are not liable for injuries & property damages incurred in conjunction with program participation or at any other time during the attendance at SDL.

PARTICIPANT'S NAME
(printed)_____

PARTICIPANT'S SIGNATURE_____

PARENT/GUARDIAN SIGNATURE (if participant is under 18)_____

Date of above signature_____/_____/_____

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2013 Permission Waiver and Off Campus Permission Form

Student's Last Name: _____First Name:_____

I understand there may be off-campus outings which my son, daughter or ward may attend. IN ADDITION, I GIVE CONSENT FOR SAID MINOR TO LEAVE CAMPUS ACCORDING TO GUIDELINES SET FORTH IN "Responsibilities of Students."

SPECIFICS: Check "yes" or "no"

May ride in SDL staff-driven vehicle: yes ____ no ____
May ride in vehicle driven by student or friend: yes _____ no ____
May attend PG-13 movies: yes ____ no _____
May attend "R" rated movies: yes____ no _____

May visit off-campus families or friends' homes: yes ____ no _____
Specifically:
Names:_____
_____

May be released for local visiting to: Names: _____
_____

Please indicate relationship to student: (i.e., friend, ballet instructor, neighbor, etc.) _____
_____

PLEASE SIGN BELOW TO INDICATE YOU HAVE READ, UNDERSTOOD AND ACCEPTED THE RULES STATED UNDER "SDL Responsibilities of Students"

Student's Signature: _____

Parent(s)'/Legal Guardian's signature:_____

Date:_____

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2013 ARRIVAL AND DEPARTURE NOTICE
Local Airport: Walla Walla Regional Airport (ALW)

Student's Last Name _____ First Name _____ Age _____

Arrival Date _____ Arrival Time _____ Flight Number _____

Departure Date _____ Departure Time _____ Flight Number _____

SDL will arrange ground transportation to and from the Walla Walla Regional Airport (ALW) only.

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2013 HEALTH AND WELLNESS CONSENT FORM

Student's Last Name:_____ First Name:_____

The faculty and staff of Summer Dance Lab want all incoming students to be aware of the natural physical demands that an intensive program such as this entails, so that each dancer can properly prepare her/himself to have a safe and successful experience. Every SDL applicant will be dancing six hours or more a day, six days a week, for two to five weeks.

In spite of our extensive personal attention and holistic, anatomically informed approach to teaching, injuries are possible. If a student has been off for 10 days or more before attending the program, has a previous injury, a lengthy layoff from dance due to illness or injury, or any other physical concerns, it is the responsibility of the student and the student's family and local dance teacher to assess their ability to attend the program. Any concern MUST be taken to the student's doctor before they attend the program. Often it is better to wait a year in order to attend as a healthy student rather than unnecessarily stress the body and run the risk of not being able to complete the program. If your local physician and dance teacher decide that a pre-existing injury is present, but will not jeopardize their health, the student MUST inform the faculty so that we can properly gauge the appropriate daily schedule for their needs. We are willing to work with students and their physical limitations, provided they are disclosed to us before the beginning of the program.

As an integral part of the training that we provide, the faculty and staff of SDL consider the students to be athletes, with the corresponding dietary needs. We have worked with our dining staff to provide foods that will meet those special needs.

If you suspect or know that the applicant has an eating disorder, you MUST consult your physician for help, and make the decision to keep the student at home for the summer. As sensitive as the faculty and staff are, we cannot replace the guidance of a physician or other trained health professional.

The faculty knows that this does not apply to the majority of our students, but it is important that you understand that the SDL faculty cannot have the intimate knowledge of each dancers physical health before they attend the program, and that this responsibility falls to the parent or guardian of each student. Each applicant must sign this waiver, with the understanding that Summer Dance Lab incurs the cost of faculty and housing for each student upon registration, and that the cost of registration and housing will not be refunded due to illness or injury. No exceptions.

We look forward to having you as a part of our happy, healthy family of dancers!

Signature of Student _____

Signature of Parent or Guardian _____

Consent of Health Care Provider when appropriate _____