

# The 2009 American Ballet Theatre Summer Intensive/UT Austin

## REGISTRATION AND PAYMENT SHEET

Student Name	
Student Date of Birth	
Parent / Guardian Name	
Address	
City, State, Zip	
Home Phone	
Parent Cell Phone	
Student Cell Phone	
Parent Email Address	
Student Email Address	
T-Shirt Size (S, M, L)	
Roommate Preference	

### FINAL PAYMENT

The final payment of \$1,650.00 (room and board) and completed forms are due by May 15, 2009. This payment is in addition to what you paid American Ballet Theatre in New York for tuition. Please make checks payable to “**The University of Texas at Austin**” and mail to:

The University of Texas at Austin  
 Department of Theatre and Dance  
 ATTN: ABT Summer Intensive  
 1 University Station, D3900  
 Austin, TX 78712-0362

**UT cannot accept payment by credit card.**

<b>Room and Board</b>	<b>\$1,650.00</b>
<b>Optional Payments:</b>	
Airport Transportation (To UT Campus)	__ @ \$30.00 each = _____
Airport Transportation (To AUS)	__ @ \$30.00 each = _____
Performance Tickets (parents & visitors)	__ @ \$12.00 each = _____
Reception Tickets (parents & visitors)	__ @ \$12.00 each = _____
T-Shirt (indicate size above)	__ @ \$10.00 each = _____
<b>Total Payment</b>	<b>= _____</b>

### Forms to be returned with this Registration sheet and final payment:

- Travel Form
- Quiet Time Form (signed by parent/guardian and child)
- Consent for Treatment/Immunizations of a Minor Release Form (signed by parent/guardian)
- Indemnification and Release Form (signed by parent/guardian and notarized)
- Refund Policy Form (signed by parent/guardian and notarized)
- Permission to Leave Campus Form (if applicable)

FOR UNIVERSITY HEALTH SERVICES USE ONLY	
Patient Name: _____	
Medical Record #: _____	
D.O.B.: _____	Gender: _____
Provider: _____	Date: _____

**CONSENT FOR  
TREATMENT/IMMUNIZATIONS  
OF A MINOR**

University-Sponsored Program Participant  
Information and Consent

Name of Program Participant: \_\_\_\_\_

UTEID (if one has been assigned): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address (Street, City, State, Zip Code): \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_  
HOME WORK / CELL

I, the undersigned, as the parent or legal guardian of \_\_\_\_\_ (a minor) hereby authorize such diagnostic, medical and/or surgical treatment of such minor as may be considered necessary or appropriate under the circumstances for the treatment of any illness or injury of the minor. The attending provider, appropriate staff, and The University of Texas at Austin and its officers, regents, and employees shall not be responsible in any way for any consequences from said diagnostic, medical, and/or surgical treatment and are hereby released from any an all claims and causes of action that my arise, grow out of, or be incident to such diagnosis, treatment, or surgery insofar as the law allows and provided that these services are performed with ordinary care and to the best of their ability.

\_\_\_\_\_  
SIGNATURE OF PARENT/LEGAL GUARDIAN DATE

\_\_\_\_\_  
PRINT NAME

<b>I have received a copy of University Health Services Notice of Privacy Practices as required by HIPAA Privacy Rules.</b>	
_____ SIGNATURE OF PARENT/LEGAL GUARDIAN	_____ DATE
_____ PRINT NAME	

**Medical Information Related to Minor:**

Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Date of Last Tetanus Booster: \_\_\_\_\_

Pertinent Medical History: \_\_\_\_\_

**Please Return to Program Coordinator:**

Name of Program: American Ballet Theatre Summer Intensive

Program Coordinator: Cassie Gholston

Coordinator's Phone: 512-232-5301 Coordinator's Fax: 512-471-0824

Coordinator's Mailing Address: UT Department of Theatre and Dance, 1 University Station D3900 Austin, TX 78712

**The University of Texas at Austin  
American Ballet Theatre Summer Intensive 2009**

**INDEMNIFICATION AND RELEASE**

I am the parent or guardian of \_\_\_\_\_, who desires to attend the ABT Summer Intensive at The University of Texas at Austin, July 5-August 1, 2009. The summer program includes dance training and education activities, as well as certain recreational activities at locations on and off campus. These recreational activities are intended to enrich my child's experience in the summer program, but are not limited to, attending theatrical and musical performances. I understand that there is some risk of injury inherent in the dance training, educational, and recreational activities included in the summer program, and that ABT/The University of Texas at Austin and its employees or directors of this institution, are not held responsible during my child's participation in the summer program. I, therefore, consent to my child's participation in the summer program, and I further consent to my child's participation in recreational activities and any other activity taken in connection with the summer program.

I/we understand and agree that during the course of the program, the students may be photographed and/or videotaped during program activities or performances, and I/we grant to ABT and UT Austin an unrestricted right to use in any form the image, picture, likeness, voice, and/or name of the student for all ABT and UT promotional materials including brochures, newspaper articles, books, and/or television and for commercial purposes.

**INDEMNIFICATION**

Furthermore, I hereby agree to indemnify and hold harmless ABT/The University of Texas at Austin and/or the agents, employees and directors of this institution (collectively, the "Indemnified Parties") for any loss, claim, damage, suit, costs or expenses, including attorneys' fees and court costs, resulting from or arising out of any injury to any person or damage to property, caused by or incurred by myself, my child and/or my ward, or whether caused in whole or in part by the negligence of the Indemnified Parties, incurred as a result of or during the summer program or any activities in connection with the summer program.

**RELEASE**

In consideration of ABT/The University of Texas at Austin's acceptance of my child into the summer program, I do hereby voluntarily waive and release any and all actions, claims, and demands for any damage, injury or loss to person or property which may be sustained by myself, my child and/or ward directly or indirectly during the course of or as a result of participating in the summer program.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Subscribed and sworn to before me in my presence, this \_\_\_\_ day of \_\_\_\_\_, 2009,  
a Notary Public in and for the County of \_\_\_\_\_ State of \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
My commission expires

**PERMISSION TO LEAVE CAMPUS FORM**

For the safety of your child and for liability reasons, we will not allow any students to leave campus without your permission, other than for emergency or pre-approved doctor visits. Please list below any adults (eighteen years or older), including yourself and/or spouse, to whom you grant permission to take your child off campus.

Student's Name: \_\_\_\_\_

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>PHONE NUMBER</u>
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

I have given permission to the above listed persons to take my child off campus during times that will not conflict with any scheduled activities within the structure of the ABT Summer Intensive.

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date

**Please fax your request to the Residential Coordinator at 512-471-0824, or mail to:**

**The University of Texas at Austin  
Department of Theatre and Dance  
ATTN: ABT Summer Intensive  
1 University Station D3900  
Austin, TX 78712-0362**

## ABT SUMMER INTENSIVE TRAVEL

In light of the security measures being implemented by the airline industry for all arriving and departing air travel, UT Austin and ABT are taking every step possible to ensure your child's travel is safe and simple. As a reminder, per airline regulations, children age 12 and older must present a valid photo I.D. or Birth Certificate to board any flight. Please make sure your child is carrying some form of identification.

If your child **WILL BE ARRIVING BY AIR**, please fill out this form and return it to The University of Texas at Austin. **We must receive this completed form in our office no later than 14 days prior to the beginning of the Intensive.**

We are able to provide transportation services to and from the **Austin-Bergstrom International Airport (AUS)**. **Cost: \$30.00 each way.** (\$60.00 round-trip.)

**Arriving flights** – An ABT chaperone/mentor **HOLDING A SIGN** and wearing ABT Summer Intensive clothing and nametag will meet students at the **BAGGAGE CLAIM AREA** of his/her specific flight. In the unlikely event that the staff member is delayed, please have your child remain at the **BAGGAGE CLAIM AREA** of his/her airline until we arrive.

**Emergency Number (Day of Flight): 512-232-7099**

**Departing flights** – Students will be escorted to security gates and given an emergency phone number in case of last minute cancellations due to flight complications, etc. Parents are encouraged to furnish calling cards and or cell phones in case of emergencies.

**Emergency Number (Day of Flight): 512-232-7099**

Depending on the age of your child, the airline may require an adult escort to meet your child at his/her gate. If your child requires an escort to the gate, please notify the Residential Coordinator at 512-232-7099 no later than 14 days prior to the beginning of the Intensive.

Your child may check-in at the dormitory on July 5 between 11:00 am and 2:00 p.m. Please arrange your arrival on Sunday, July 5 to coordinate with these times. Your child may check out of the dorm on Friday, July 31 beginning at 7:00 p.m, or on Saturday, August 1. All students must be checked out of the dorm by 2:00 p.m. on Saturday, August 1. The University of Texas is not responsible for any accommodations and/or airport transportation after 5:00 p.m. on August 1.

**If you will be arriving by air, please complete the TRAVEL FORM and return it to:**

The University of Texas at Austin  
Department of Theatre and Dance  
ATTN: American Ballet Theatre Summer Intensive  
1 University Station D3900  
Austin, TX 78712

or fax it to: 512-471-0824

**ABT SUMMER INTENSIVE TRAVEL FORM**

Student's Full Name \_\_\_\_\_

**ARRIVAL INFORMATION**

Arriving at Austin-Bergstrom International Airport:  
*(Please include all connecting flight information)*

Arrival Date \_\_\_\_\_ Arrival Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.

Departure City \_\_\_\_\_ Airline \_\_\_\_\_ Flight # \_\_\_\_\_

\_\_\_ The airline requires my child have an escort meet them at the gate. My child cannot go to baggage claim without an ABT staff member.

\_\_\_ My child does not require an escort at the gate. He/she will meet the ABT staff member at baggage claim.

Form of Transportation from Airport to UT Campus:

- \_\_\_ Taxi (arranged by student or parent)
- \_\_\_ Parents
- \_\_\_ (\$30) UT Shuttle with Chaperone/Mentor
- \_\_\_ Other *(description)* \_\_\_\_\_

**DEPARTURE INFORMATION**

Departing from UT Campus to Austin-Bergstrom International Airport

Departure Date \_\_\_\_\_ Departure Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.

Arrival City \_\_\_\_\_ Airline \_\_\_\_\_ Flight # \_\_\_\_\_

Form of Transportation from Airport:

- \_\_\_ Taxi (arranged by student or parent)
- \_\_\_ Parents
- \_\_\_ (\$30) UT Shuttle with Chaperone/Mentor
- \_\_\_ Other *(description)* \_\_\_\_\_

\_\_\_ The airline requires my child have a chaperone to escort them to their departure gate.

**Emergency Contact Name(s) and Phone Number(s) for the day of travel:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

## QUIET TIME

We are committed to providing a comfortable, safe, and restful environment for the students living on campus for the ABT Summer Intensive. Taking into consideration the youth of our students, we have formulated some policies for their well-being and protection. We ask that you read the following carefully and then sign and return your agreement to abide by our policies.

Mentors will be assigned to oversee groups of students for the ABT Summer Intensive. The mentors will live in the dorm, escort students to the cafeteria, classes, rehearsals, and recreational activities. The mentors will be available in case of emergencies.

All students will be housed in Jester Center. Boys are not allowed on the girls' floors at any time, nor will the girls be allowed on boys' floors. This policy will be strictly enforced by all resident mentors.

Because you will be dancing so hard every day, you will need to rest well every night. To ensure a good night's sleep for everyone, we will be adhering to a "quiet-time" policy.

All students will be in their own rooms by 9:00 p.m., (or following their last evening activity), where they can engage in quiet activities that do not disturb other residents of the dormitory. We know you'll be excited about your classes and your new friends, but this is the time to listen to your body's needs, as well as to respect the needs of others for peace and recuperation. We recommend that students who wish to listen to music at night bring headphones. At 10:00 p.m., lights will be turned off. Please respect your fellow students, mentors and supervisors, and other resident groups on your floor.

We are committed to making sure our students receive the rest and care they deserve, so they can dance to their fullest capacity for the intensive. Students who are unable to comply with our quiet time policy will receive a Strike. **Please be mindful that three strikes will result in the student being dismissed from the program.**

To verify that you understand the terms of our policies, please sign the statement below:

**I, \_\_\_\_\_, parent or guardian of \_\_\_\_\_, have read the American Ballet Theatre Summer Intensive policies defined above. I understand that my child is not permitted to enter the floors on which the opposite sex is housed, and that he/she must adhere to the hours of quiet time and lights-out defined above. I understand that failure to comply with these terms may result in my child's dismissal from the workshop, without refund of tuition, room, or board.**

\_\_\_\_\_  
(parent or guardian's signature)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(student's signature)

\_\_\_\_\_  
(date)

## REFUND POLICY

### **THERE ARE NO REFUNDS ONCE A STUDENT IS REGISTERED FOR THE PROGRAM.**

If a student chooses to attend the program with an established injury or illness, it is important that they notify American Ballet Theatre and the Residential Coordinator of their condition. If the student's condition later requires them to withdraw, **they will not be eligible for a refund.**

If a student must withdraw due to severe illness or injury that occurs **WHILE ATTENDING** the Summer Program, they are then eligible for a **PARTIAL REFUND ONLY**, if the attending physician recommends withdrawal from the program. ABT and the Residential Coordinator must receive the attending physician's written verification to confirm illness or injury. Injured students also have the option of learning through observation for the remainder of the program; this option will not result in a partial refund.

**Students withdrawing for other reasons are not eligible for a refund.**

**Partial tuition refunds will be determined on a case-by-case basis by ABT's finance committee at the end of the summer.**

### **No Refunds for Dismissal**

All students are expected to conduct themselves in a safe, courteous and responsible manner. The use of illegal drugs or alcohol is strictly forbidden and is grounds for immediate dismissal. **American Ballet Theatre/University of Texas at Austin reserves the right to suspend or dismiss any student whose conduct, attitude or attendance is found to be unsatisfactory. If a student is dismissed for reasons of unacceptable conduct, there is NO REFUND of tuition, room and board or applicable program fees.**

### **Notification**

To notify the program of a student illness or injury, please contact Residential Coordinator at 512-232-7099 or utabt@austin.utexas.edu to discuss the situation. ABT will retain a minimum \$150 administrative fee on all requested refunds. Partial tuition refunds will be reviewed on a case-by-case basis by ABT staff. Refunds requested after May 26, 2009 will be reviewed at the end of the summer and will not be finalized until September 2009.

### **Other Financial Obligations**

Parents will be financially responsible for the following charges:

- All Room and Board fees;

- Any and all University Health Service, Dell Children’s Medical Center and/or St. David’s Medical Center charges and other medical attention charges incurred;
- Any and all damage charges caused by their dancer to the University of Texas property, including but not exclusive of Theatre and Dance facilities and Jester Center;
- Any and all costs associated with additional room nights in Jester Center;
- Any inappropriate costs incurred on their student’s meal card;
- Replacement cost of meal cards; and
- Any and all charges assessed by Jester Center Halls for loss of or failure to return room keys (all keys must be returned upon checkout).

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date

Subscribed and sworn to before me in my presence, this \_\_\_\_ day of \_\_\_\_\_, 2009,  
a Notary Public in and for the county of \_\_\_\_\_ in the State of \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
My commission expires