

SCHOOL OF CREATIVE & PERFORMING ARTS

375 GREENWICH STREET; NEW YORK, NY 10013

2012 SIGNATURE FORM:

(Required as part of application)

New York- Brooklyn Campus Sessions 1 and 2

Please circle the session student is attending

Session 1:

June 24 – July 07

Session 2:

July 08 – July 21 (2wk) -or- July 08 – July 28 (3wk)

Participant's Name (Please Print): _____ Date of Birth: _____

Parent/Guardian's Name (Please Print): _____

UNDERSTANDING AND AGREEMENT of STUDENT PARTICIPATION

SOCAPA offers summer intensives in the arts. SOCAPA students travel from around the world to learn from first class instructors and collaborate with peers whose love of their chosen art form is equal to their own. Regardless of experience, SOCAPA students come to learn, participate, collaborate, and cooperate. We have read, understand, and agree to the Codes of Conduct and the Student Agreement detailed in the **Terms of Agreement**. In sum, students are expected to be motivated, positive, and willing to shoulder responsibilities and participate actively in classes and activities. Everyone works together in an atmosphere of respect for peers, staff, and the program as a whole. We understand responsibilities to include: being on time, respect to self, others, and environment, and adherence to all rules. We understand that students must refrain from any use of tobacco, alcohol, or drugs and refrain from any acts of violence or harassment, or sexual activity. We understand that student participation and attitude is the basis for the success of the program and that any actions detrimental to the group or those that prevent us from enjoying a healthy and fun summer may result in the student being sent home with no refund of fees.

Signature of PARTICIPANT: _____ Date: _____

Signature of PARENT/GUARDIAN: _____ Date: _____

TERMS OF AGREEMENT

We have read, understand and agree to accept and abide by the enclosed SOCAPA **Terms of Agreement** and all SOCAPA rules, regulations and policies. We agree that our relationship with SOCAPA will be governed by New York State law and that any mediation, suit, or other dispute we may have with SOCAPA must be filed or entered into only in the State of New York.

Signature of PARTICIPANT: _____ Date: _____

Signature of PARENT/GUARDIAN: _____ Date: _____

SUPERVISION RELEASE

I, (we), have read the Supervision Section of the **Terms of Agreement**. I, (we), understand that there is a limited amount of personal time scheduled during the program when students will be allowed to explore the area surrounding campus, without a SOCAPA supervisor present. In order to do so, students must adhere to our "buddy system" and must be granted the following prior written permission from a parent/guardian. We understand the terms of the High School level of supervision, which applies during the program session my child is attending.

Level of Supervision: During Sessions 1 and 2 at the Brooklyn campus, there is one level of supervision which applies to free-time, when students are not in class: **High School**.

Please indicate the Age of Student on first day of their program: _____

Signature of Parent or Guardian: _____ Date: _____

PLEASE RETURN FORM TO: FAX: (646) 536-8725 / SCAN to EMAIL: ADMIN@SOCAPA.ORG
MAIL: SOCAPA; 375 Greenwich Street; New York, NY 10013