

SCHOOL OF CREATIVE & PERFORMING ARTS

375 GREENWICH STREET; NEW YORK, NY 10013

2012 SIGNATURE FORM:

(Required as part of application)

Burlington, VT Campus

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:

Level of Supervision: Please indicate the age of the student on the first day of their program: _____

Check ONE: **High School Program** (default for students 13-15) **Pre-College Program** (default for students 17- 18; option for students 16)

Signature of Parent or Guardian: _____ **Date:** _____

SWIMMING RELEASE: I, (we), understand that there may be times during the program when our child will have the opportunity to go swimming at a public beach/pool.

Signature of Parent or Guardian: _____ **Date:** _____

GYM RELEASE: Students may use the Fitness Center during their stay at Champlain College. There are some afternoon/evening activities that take place in the gymnasium. I hereby release Champlain College, its tenants, and Sports & Fitness Edge, Inc., together with its operators, agents, employees, consultants, contractors and instructors, from any and all claims from injury or damage that may be sustained by me from use of the premises or equipment, or from participating in the physical exercise of body conditioning from which I have subscribed while I am enrolled at Champlain. I represent hereby that I am in good health and capable of participating in such a program, that I will not do anything which will injure myself or others while engaging in such programs, and will hold Champlain College, its tenants, and Sports & Fitness Edge, Inc., harmless in connection with my participation. I hereby apply for membership/temporary membership to the IDX Student Life Fitness Center, and if accepted, agree to abide by all rules and regulations governing members.

Signature of Student: _____ **Signature of Parent/Guardian** _____

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