



2012 Senior Summer Intensive Information Packet DAY STUDENTS

June 18 – July 6 & July 9 – July 27

PLEASE READ THE ENTIRE CONTENTS THOROUGHLY

Contact // Vicki Parsons
512.476.9051, ext. 126
vicki.parsons@balletaustin.org



Ballet Austin

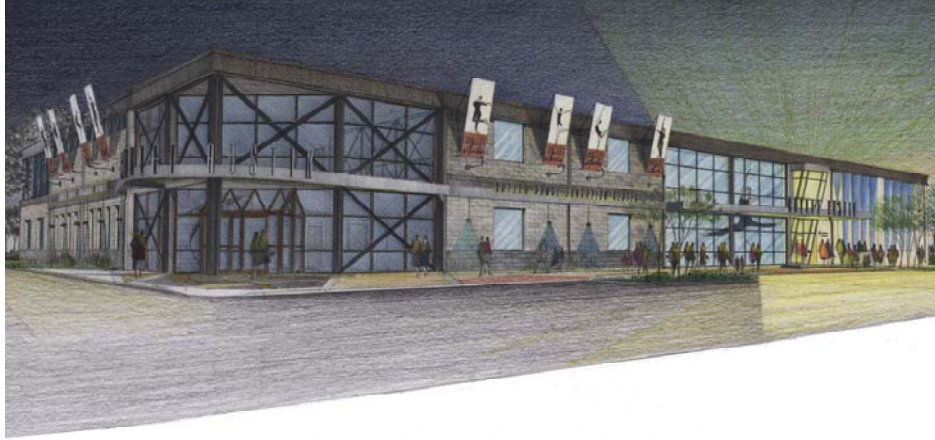
Artistic Director // Stephen Mills
Associate Artistic Director // Michelle Martin
Company Manager // Eugene Alvarez
Director of Schools // William Piner
Academy Principal // Lynne Short
Director of Schools & Dormitory Director // Vicki Parsons
Registrar // Eric Caruthers
Schools Marketing Associate // Justin Minsker
Schools Administrative Associate // Jodi Schwaben

Faculty

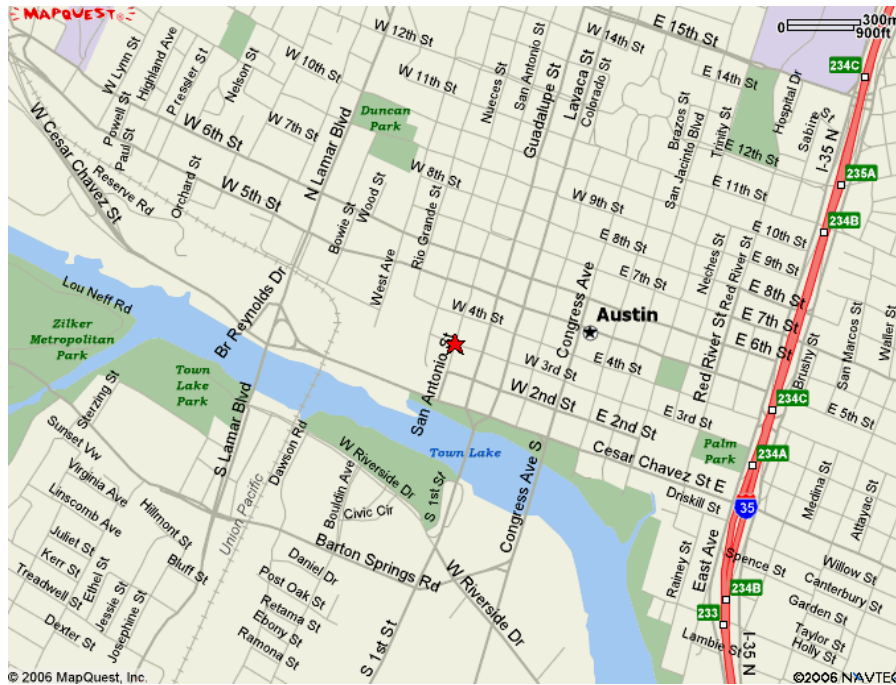
~The Following is Subject to Change~

Acclaimed Ballet Austin Faculty will include: Ian Bethany, Toni Bravo, Dane Burch, Edward Carr, Cheryl Chaddick, Cheryl Copeland, Ashley Lynn Gilfix, Meghan Gill, Brittany Harpole, Jennifer Hart, Libby James, Kody Jauron, Elise Pekarek, Aara Krump, Michelle Martin, Stephen Mills, William Piner, Chelsea Renner, Boo Ruiz, Vincent Sandoval, Jerry Schwender, Lynne Short, Vlada Sheber, Frank Shott, Christopher Swaim, Michelle Thompson Ulrich, Jaime Lynn Witts

BALLET *Austin*



Ballet Austin's Butler Dance Education Center



501 West 3rd St.
(Corner of 3rd and San Antonio)
Austin, TX 78701

512.476.9051
www.balletaustin.org

DIRECTIONS TO BALLETT AUSTIN AND PARKING INFORMATION:

The Butler Dance Education Center is located on the corner of 3rd and San Antonio.

- From Mopac (Loop 1), exit at Cesar Chavez (1st St.) and head east. Turn north (left) onto San Antonio Street and proceed to 3rd and San Antonio.
- From Lamar, exit at 5th St. and head east. Turn right onto Nueces St. and proceed to 3rd Street and turn left.
- From IH 35, take the Caser Chavez (1st Street) exit and proceed west to San Antonio St. Turn north (right) on San Antonio and proceed to 3rd and San Antonio.

PARKING AT OR NEAR BALLETT AUSTIN: Ballet Austin is in a downtown location. Parking is limited and may not always be available on site.

- **Limited parking** in the Ballet Austin lots on both the east and west sides of the building (3rd & San Antonio and 3rd & Nueces)
- **Please do not park along the fence behind the Butler Dance Education Center. This is a NO PARKING zone as it is a city thoroughfare, not Ballet Austin property. The City of Austin will ticket or tow cars parked along the fence.**

CURBSIDE PARKING NEAR BALLETT AUSTIN: Marked metered spaces are located on San Antonio, Nueces, 3rd and 4th streets, as well as other nearby streets.

- **Metered Parking:** Meters are \$1 per hour and are limited to 2 hours.

FREE PARKING AT CITY HALL: Ballet Austin validates parking in the garage underneath Austin City Hall, 301 W. 2nd Street. The entrance to the City Hall parking garage is located on the East side of the building on Lavaca St. (one way street running North). Enter the garage from the left lane. Follow the signs to visitor parking.

- **Weekdays - Up to 2 hours can be validated at Ballet Austin on weekdays between 8:00 am and 5:00 pm. Stop at the Reception desk in the front lobby at Ballet Austin for parking validation.**
- Validation is not necessary on Saturdays and Sundays.
- **Weekends - In and out parking at City Hall before 5:00pm is FREE without validation on Saturdays and Sundays. (After 5:00 pm on weekends the flat rate is \$5.00)**

PAID GARAGE AND LOT PARKING NEAR BALLETT AUSTIN: There are several downtown area lots and garages where the public can pay to park.

(Nearby lot and garage parking rates are subject to change)

- **The State garage** on San Antonio between 3rd and 4th (across the street from Ballet Austin) is **not** a public garage and is closed to the public during normal State business hours. The State garage may open to the public for event parking (evenings and weekends) and charge a flat rate when open to the public.
- **City Hall garage** – (see FREE PARKING AT CITY HALL ABOVE)
- **AMLI on 2nd garage** is open for public parking, entering the garage on San Antonio Street between 2nd and 3rd. A flat rate is charged for parking in the garage. The parking garage is directly across from Ballet Austin's East Parking Lot.



Summer Intensive 2012

PLEASE READ THIS ENTIRE INFORMATION PACKET CAREFULLY

Keep the following contact information for future reference:

Ballet Austin's Butler Dance Education Center
501 West 3rd Street (corner of 3rd and San Antonio)
Austin, Texas 78701

Contact:

Vicki Parsons, Director of Schools Operations/Dormitory Director:

Office: 512.476.9051 ext. 126

Schools Cell: 512.203.4738

FAX: 512.472.3073

vicki.parsons@balletaustin.org

Tuition, Room and Board must be paid in full by May 2, 2012.

For any questions regarding your account, please contact the Schools Office at 512.476.9051 ext. 138.

TUITION PAYMENT POLICIES

If all payments are not current by the placement class, the student will be restricted from attending any classes until the required tuition and room and board (if applicable) is received. **No refunds will be issued.**

CURRICULUM

- Required classes for all levels of the Senior Intensive meet Monday through Friday.
 - All Senior Intensive students receive daily ballet technique classes Monday through Friday.
 - The following classes *may* also be offered as part of the training depending on the student’s level placement:
 - Pointe
 - Jazz
 - Partnering
 - Theatre Dance
 - Variations
 - Modern
 - Men’s Technique
 - Repertoire
 - Men’s Conditioning
 - Stretch/Conditioning
 - Pilates Mat Class
 - Seminars
 - Character
- An optional ballet technique class will be offered to Summer Intensive students on *some* Saturdays during the Intensive.

SUMMER INTENSIVE LEVEL PLACEMENT

Students accepted into the Senior Intensive will be placed in one of six levels after attending the placement class at the start of the 3 or 6-week session in which they are registered. ALL students must attend the placement class (held at Ballet Austin’s Butler Dance Education Center, 501 West 3rd Street) to determine which level they will be placed in for the Summer Intensive.

Level placement is at the sole discretion of the Ballet Austin directors and will be final.

Please note the following dates and times for placement classes:

Students enrolled in SI Session 1 and 6 weeks			Students enrolled in SI Session 2		
Level Placement Class:			Level Placement Class:		
<u>DATE</u>	<u>AGE</u>	<u>TIME</u>	<u>DATE</u>	<u>AGE</u>	<u>TIME</u>
Sunday, June 17	17 and older	12:30-2:00 pm	Monday, July 9	15 and older	12:30-2:00 pm
	14-16	2:00-3:30 pm		14 and younger	2:00-3:30 pm
	13 and younger	3:30-5:00 pm			

- **Students unable to attend the assigned placement class must contact Vicki Parsons, Director of Schools Operations, at 512.476.9051, ext. 126 before the placement class day.**
- Results of the placement class will be posted approximately 45 minutes after each class.
- 6-week students will attend the placement class before the first session only. The directors will determine if a change in level is to be made between sessions.
- The first full day of classes will begin the day after each placement class. (Mon., June 18 and Tues., July 10.

SUMMER INTENSIVE ORIENTATION

- An orientation meeting for students is scheduled immediately following the completion of their level placement class.
- The orientation will take place at the Butler Dance Education Center at 501 West 3rd Street and will last about 20 minutes.
- The orientation is required for dormitory and day students. Parent/guardian attendance is welcome but not required.

PHYSICAL EXAMINATION AND MEDICAL CARE

- A pre-activity physical examination is required to attend the Summer Intensive program. The examination should be performed by the student's family doctor.
 - The physical exam must have been performed no earlier than June 1, 2011 (within the last year). The *Pre-Activity Clearance/Physician Authorization Form* located in the forms packets should be taken to a physician to be completed. If your physician has documented the health information on another form, a copy of that form will suffice.
 - The *Pre-Activity Clearance/Physician Authorization Form*, including immunization records are required to be on file with Ballet Austin by the start of the Summer Intensive program.
- **A registered nurse** is on staff at Ballet Austin during the Summer Intensive during weekdays. Day students may be seen initially by the nurse while at the studio, but Day Students will be responsible for their own medical arrangements and transportation to medical appointments.
 - In order to facilitate care, we are requiring that all health status and release forms enclosed in the medical packet be read and signed.
- **Medical Needs at the Studio**
 - The Summer Intensive Nurse will meet with each student regarding documented medical/health needs at the start of the program.
 - Medications required while at the studio must be kept in the student's dance bag.
 - Clearly label inhalers/prescriptions with the student's full name.
 - Students requiring the use of an Epi-Pen for any severe allergy should make sure it is clearly labeled and directions are clear. **Please notify the Schools Office in addition to this being indicated on medical forms.**

GENERAL INFORMATION/POLICIES

Studio Protocol

The orientation at the start of the program will cover studio policies and procedures in detail.

- **Lunch and Breaks**
 - Meals/snacks are *not* provided for Day Students.
 - It is recommended that day students bring small lunch coolers from home. Refrigeration is *not* available for lunches.
 - Vending machines with water and other beverages are located upstairs.
 - There are eating places within walking distance of Ballet Austin. Students under 18 who wish to leave Ballet Austin during Summer Intensive hours (between start time of first class and end time of last class) must have a *Studio Exit Privilege Release Form* (pg. 6 in *General Forms Packet*) signed by a parent/guardian in order for the student to be allowed to leave the studio without an adult during the day.
 - This only applies to exiting during breaks and lunch. Students may leave after final class and do not have to check out.

- **Personal Belongings**

- Keep personal belongings with you at all times for safe keeping. Ballet Austin will not be responsible for any loss or theft. Lockers in the dressing rooms are not available for use.
- Lost and Found is located in the Ivester Study Suite upstairs at Ballet Austin.
- Please do not wear perfumes or colognes during your time at the Ballet Austin studios.
- Bring a towel or mat to the studio with you each day for stretching in the studio. Be sure to label your mat or towel.

- **General Policies**

- Cell phones and other electronic devices must be turned off or to silent mode while in the studios.
- Men's Scholarship and *all* Financial Aid students will be given a work-study assignment.
 - Work-study assignments will be posted by the second day of each 3-week session.
 - Work-study assignments are completed while at the Ballet Austin studios *during weekdays* and will not be required in the evening or on weekends. Questions about workstudy should be directed to the Schools Office
- Consumption of illegal substances or alcohol will not be tolerated while a student is in the Ballet Austin Summer Intensive program, even if a student is of legal drinking age.
- Students are expected to extend common courtesy and respect at all times. Disrespect, intolerance or the use of foul language is not considered acceptable behavior for Ballet Austin Academy students and will not be tolerated.
- Personal contact between couples must remain socially appropriate.

ATTENDANCE

- Attendance is required in *all* scheduled classes for a student's assigned level.
- Attendance is monitored and excessive absences from class may result in expulsion from the program (with no refund).
- Day students should report all injuries, illnesses, or absences (from any class) to Director of Schools Operations Vicki Parsons at 512.476.9051 ext. 126 or vicki.parsons@balletaustin.org

DRESS CODE

- **Women** – Simple style, solid-color leotard, pink tights, pink ballet shoes and pink pointe shoes (if already on pointe). Hair must be secured in a bun. Chiffon ballet skirts may be worn in Repertoire and Partnering classes only.
 - Depending on the level, jazz or character may be offered. Jazz and/or character shoes are *not* required for participation but are recommended. If you already own jazz and/or character shoes, please bring them from home.
 - *No cut-off or footless tights will be allowed in any class other than Jazz or Modern.*
 - *Uniforms must be respected. No extra clothes, no excessive jewelry or watches will be allowed.*
- **Men** - White fitted T-shirt (tucked in) or white leotard with black tights, dance belt, black or white ballet shoes (white socks must be worn with white shoes).
 - Depending on the level, jazz or character may be offered. Jazz and/or character shoes are not required for participation but are recommended. If you already own jazz and/or character shoes, please bring them from home.
 - *No cut-off or footless tights will be allowed in any class other than Jazz or Modern.*
 - *Uniforms must be respected. No extra clothes, no excessive jewelry or watches will be allowed.*

PARENT/GUEST VIEWING OPPORTUNITIES

Classes will be open for viewing on the final two days of each 3-week session (Thursday and Friday). Thursday is a regular class day for each level. Friday will be a morning technique class and rehearsals before the afternoon performances. Rehearsals will not be open for viewing.

- The first 3-week session viewing will be on July 5 and 6.
- The second 3-week session will be on July 26 and 27.

PERFORMANCES

There will be an informal performance highlighting the accomplishments of each level of our Senior Summer Intensive at the end of *each* 3-week session. The primary focus of our summer program is for students to gain a deeper understanding of classical ballet technique. In order to attain that, and because there are only three weeks to prepare for a performance, each level will present either a three to five minute piece of original choreography or a short excerpt from Ballet Austin's repertoire.

These performances will be held on the final Friday of *each* session in the afternoon. *Summer Intensive students will be performing on stage at the AustinVentures StudioTheater located in Ballet Austin's Butler Dance Education Center, 501 West 3rd Street.* DVD's of the performances will be available for sale.

- **There will be two back to back identical performances highlighting students from each level.** All students will dance in all performances.
 - 2012 Senior Summer Intensive Session 1 Performance - Friday, July 6, 2:30 pm and 4:30 pm
 - 2012 Senior Summer Intensive Session 2 Performance - Friday, July 27, 2:30 pm and 4:30 pm
- **The cost for Reserved Ticket seating is \$8.00 per ticket.**
 - **\$8 online** – Purchase online at www.tickets.balletaustin.org/public/
 - **\$8 at the Box Office**, located in the lobby of Ballet Austin
 - **\$11 by phone**, Ballet Austin Box office - 512.476.2163

TICKETING QUESTIONS - CALL THE BALLET AUSTIN BOX OFFICE AT 512.476.2163.

BALLET AUSTIN'S YEAR-ROUND OPPORTUNITIES

- Students who have graduated from high school (or are willing to complete their senior year outside a traditional high school campus) *may* be invited to participate in one of Ballet Austin's year-round programs, either as a Ballet Austin Trainee, or as a member of Ballet Austin II, our apprentice company.
 - Final decisions and invitations will be made by the middle of the second session (fifth week) of the Summer Intensive. All eligible students who are interested in being considered for one of these opportunities (and who have not already made a commitment to another organization for the upcoming season) will be asked to complete and return a self-evaluation form (provided by Ballet Austin artistic staff) during their first week of attendance at the Summer Intensive.
 - Students who want to be considered for a year-round program will have the opportunity to conference with Ballet Austin artistic staff during the final week of the Intensive in which they are enrolled.
 - Students invited to stay for one of Ballet Austin's year-round programs will receive detailed information with their invitation. Ballet Austin does not provide housing to year-round students.
- Students who have not graduated from high school, live in the Austin area, and want to be considered for the Academy Upper School should contact the Schools Office regarding fall 2012.



**Senior Summer Intensive 2012
GENERAL AGREEMENT/RELEASE forms to be returned
ALL STUDENTS**

TO: Parents/Guardians of Ballet Austin Summer Intensive Students (minor students under 18) and Students 18 and older

RE: GENERAL AGREEMENT/RELEASE FORMS

To ensure that students and parents understand the intensity of the program, the risks involved, and agree to its policies and procedures, we are requesting that you complete a number of general agreement and release forms. Students will not be permitted to check into the dormitory and/or participate in the dance program until all forms are completed and are on file in the Schools office. The following forms are attached for your review and completion:

- **RELEASE AND INDEMNIFICATION AGREEMENT (All students)**
- **POLICY AND PROCEDURE AGREEMENT (All students)**
- **LEVEL PLACEMENT POLICY AND AGREEMENT (All students)**
- **PHOTOGRAPH / VIDEOGRAPH/ LIKENESS AND INTERVIEWS RELEASE FORM (All students)**
- **STUDIO EXIT PRIVILEGE RELEASE FORM (Optional parent/guardian signature – signature required of all students under 18 even if a parent/guardian is denying the exit privilege)**

NAME OF STUDENT: _____ AGE _____ DORMITORY STUDENT? ____Y ____N



Senior Summer Intensive 2012

General Agreement/Release Forms

Return forms to:

501 West 3rd Street

Austin, TX 78701

Ph. – 512.476.9051 ext. 126

Email – eric.caruthers@balletaustin.org

Fax – 512.472.3073

Student Name _____
Student's Age at start of session _____
Date of Birth ___ / ___ / ___
Session Attending:
First three weeks _____
Second three weeks _____
Six weeks _____
Dormitory Student? Yes No

OFFICE USE ONLY
Date received: _____
Date request filled: _____
Dorm Room #: _____
Incomplete or missing forms: _____

CHECK-LIST OF GENERAL AGREEMENT/ RELEASE FORMS TO BE RETURNED:

General Agreement/Release Forms must be signed, dated, and returned by ALL STUDENTS by May 2, 2012.

- PLEASE RETURN THIS COVER FORM WHEN RETURNING FORMS
PLEASE RETURN ALL FORMS IN PAGE ORDER
PLEASE WRITE THE STUDENT'S NAME, AGE, AND INDICATE WHETHER A DORM STUDENT AT THE TOP OF EACH FORM
IT IS RECOMMENDED THAT YOU MAKE COPIES OF ALL FORMS FOR YOUR OWN RECORDS BEFORE RETURNING THEM TO BALLET AUSTIN
RELEASE AND INDEMNIFICATION AGREEMENT (pg 3)
POLICY AND PROCEDURE AGREEMENT (pg 4)
LEVEL PLACEMENT POLICY AND AGREEMENT (pg 5)
PHOTOGRAPH / VIDEOGRAPH/ LIKENESS AND INTERVIEWS RELEASE FORM (pg 6)
STUDIO EXIT PRIVILEGE RELEASE FORM (pg 7)

NAME OF STUDENT: _____ AGE _____ DORMITORY STUDENT? ____Y ____N



**Senior Summer Intensive 2012
RELEASE AND INDEMNIFICATION AGREEMENT**

**(Required to be signed by parents/guardians of students under 18 or by students 18 or older)
(If a student turns 18 during any part of the Intensive, signature of both student and a parent/guardian is required)**

Student Name (please print): _____ Student's Date of Birth _____

INSTITUTION: Ballet Austin DESCRIPTION OF ACTIVITY: 3 or 6 week Summer Intensive 2012

I am the Parent/Guardian of the above-named student who is under eighteen years of age, and am fully competent to sign this Agreement.

OR

I am the student, who is at least eighteen years of age, and am fully competent to sign this Agreement.

In consideration of the above-named Student being permitted to participate in Ballet Austin's Summer Intensive and to use the program's facilities and equipment, I hereby accept all risk to Student's health and of his/her injury or death that may result from such participation and I hereby waive, release, and discharge the above named Institution, its governing board, officers, employees, and representatives from any and all liability to the Student, Student's personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of, or damage to Student's property and for any and all illness or injury to Student's person, including his/her death, that may result from or occur during Student's participation in the Summer Intensive, whether caused by negligence of the Institution, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless the Institution and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from Participant's participation in the Summer Intensive 2012 program whether the same be caused by the negligence of Ballet Austin and its officers, directors, members, agents, representatives, or employees, or otherwise.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR STUDENT'S INJURY OR DEATH OR DAMAGE TO STUDENT'S PROPERTY THAT OCCURS WHILE PARTICIPATING IN BALLET AUSTIN'S SUMMER INTENSIVE 2011 PROGRAM AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY RELATED TO PARTICIPATION IN THE SUMMER INTENSIVE 2012 PROGRAM.

Name of Parent/Guardian (please print)

Signature of Parent/Guardian

Date Signed

Signature of Student age 18 or older during any part of the Summer Intensive

Date Signed

NAME OF STUDENT: _____ AGE _____ DORMITORY STUDENT? ____Y ____N



**Senior Summer Intensive 2012
POLICY AND PROCEDURE AGREEMENT**

**(Required to be signed by ALL Students regardless of age)
(Required to be signed by parents/guardians of students under 18)**

Ballet Austin reserves the right to immediately dismiss from the 2012 Summer Intensive Program any student whose attitude, class attendance, work habits, interrelations with fellow students and/or Ballet Austin staff or overall behavior are in violation of:

- Ballet Austin Summer Intensive Program Rules and Regulations;
- The Castilian Residence Hall Rules and Regulation;
- Local, state, federal laws; or
- Conduct and behavior that is judged unacceptable by Ballet Austin, including behavior that is considered undisciplined, irresponsible, discourteous, dishonest, harmful, or otherwise unacceptable.

BALLET AUSTIN HAS A NO-TOLERANCE POLICY IN REGARDS TO ALL RULES AND REGULATIONS WHICH ARE COMMUNICATED VERBALLY AND/OR IN WRITING.

Ballet Austin requires that parents/guardians of any discharged student arrange for the student's return home within 48 hours of expulsion. Parents/guardians bear full financial responsibility for the discharged student's transportation. All tuition, enrollment, and housing fees paid to Ballet Austin on behalf of any dismissed student are forfeited. It is the practice of Ballet Austin to summon police authorities to manage situations involving illegal activity on or off Ballet Austin or The Castilian Residence Hall premises by any student or other individual.

- Ballet Austin will not tolerate tobacco, drugs, alcohol or the consumption of these substances at any time while attending the Summer Intensive program .
- No student shall harass or abuse any other person in word, deed, or action.
- No student shall tamper with or borrow without permission the personal property of others.
- No person shall possess, consume, furnish, manufacture, sell, exchange or otherwise distribute any alcohol or other drugs.

In the event that any of Ballet Austin's Summer Intensive Program 2012 policies/rules are violated, this will be cause for the immediate dismissal of any student at the expense of their parent/guardian or self.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ ALL ENCLOSED INFORMATION. IT ALSO INDICATES THAT YOU UNDERSTAND AND WILL ABIDE BY ALL ENCLOSED GUIDELINES REGARDING RULES AND REGULATIONS, CONDUCT, POLICIES AND PROCEDURES AND THAT YOU ACCEPT ALL FINANCIAL RESPONSIBILITIES FOR MEDICAL TREATMENT, TUITION, ROOM AND BOARD.

Parent/Guardian's Signature (if student is under age 18)

Date

Student's Signature (ALL STUDENTS MUST SIGN REGARDLESS OF AGE)

Date

NAME OF STUDENT: _____ AGE _____ DORMITORY STUDENT? ____Y ____N



Senior Summer Intensive 2012

LEVEL PLACEMENT POLICY AND AGREEMENT

(Required to be signed by ALL Students and ALL parents/guardians of students under 18)

Parents and Students of Ballet Austin Summer Intensive Program
Summer Level Placement Policy

All students accepted into the Senior Intensive will attend a placement class on the first day to determine level placement for the Intensive. Each student is evaluated and placed in one of the six levels of the Senior Intensive at the **discretion of the directors**.

Throughout the first week of each session, ALL students are automatically and continually assessed to ensure placement in the correct level. In some cases, students may be moved to a higher level. Because we are conservative in our initial placements, it is rare, although possible, that a student may also be moved to a lower level.

The Ballet Austin directors and faculty will not entertain any request for a specific student's level to be changed or reviewed. ALL students are automatically assessed and any level changes made during the first week of the sessions are final.

Parents should not phone or contact Ballet Austin questioning the level placement or requesting that a student be moved. Students who are disappointed in their level placement are asked to trust the judgment of the directors and faculty. All students, regardless of level, are taught by highly experienced faculty, who strive to bring out the best in each of his or her students in each class.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ AND WILL ABIDE BY THE PLACEMENT POLICY.

PARENTS AND STUDENTS SIGN BELOW:

Parent/Guardian's Signature (if student is under age 18)

Date

Student's Signature (ALL STUDENTS MUST SIGN REGARDLESS OF AGE)

Date

Parent/Guardian's email address

Student's (age 18 or older) email address

NAME OF STUDENT: _____ AGE _____ DORMITORY STUDENT? ____Y ____N



**Senior Summer Intensive 2012
PHOTOGRAPH / VIDEOGRAPH/ LIKENESS AND INTERVIEWS RELEASE FORM**

**(Required to be signed by *parents/guardians* of students under 18 or by *students* 18 or older)
(If a student turns 18 during any part of the Intensive, signature of both student and a parent/guardian is required)**

We (I), _____, the parent(s)/legal guardian(s) authorize Ballet Austin, Inc. and/or its representative, agent, or employee to use any photograph/likeness, videograph, or interview of my minor child (under age 18), _____, age _____, for any purpose, including publicity, choreographic archives, promotional materials and/or any other reason deemed appropriate by the School's Directors.

Parent/Guardian's Signature (if student is under age 18)

Date

OR

I, _____, age eighteen (18) or over (no longer a minor), authorize Ballet Austin, Inc. and/or its representative, agent, or employee to use any photograph/likeness, videograph or interview of me for any purpose, including publicity, choreographic archives, promotional materials and/or any other reason deemed appropriate by the School's Directors.

Student's Signature (Age 18 and over)

Date

NAME OF STUDENT: _____ AGE _____ DORMITORY STUDENT? ____Y ____N



**Senior Summer Intensive 2012
STUDIO EXIT PRIVILEGE RELEASE FORM**

- *(Optional parent/guardian signature-Please sign ONLY if you are granting permission to a minor student to exit the Ballet Austin Studios)*
- *(A signature is required by ALL minor students (under age 18) whether permission is granted by parent/guardian or not)*
- *This form is optional, but signing this form gives a minor child (under 18) permission to leave the Ballet Austin studio (Butler Dance Education Center at 501 West 3rd Street) without the direct supervision of a chaperone, parent/guardian, or authorized adult.*
- *This exit privilege only applies to exiting from the studio during regularly scheduled Summer Intensive dance hours.*
 - *Day students may exit at the end of the day without a signed form.*
 - *Signing this form does NOT allow dormitory students exit privileges from the studio at the end of the day, unless a dormitory student has a signed dormitory exit release form on file.*

We (I), _____, the parent or legal guardian of _____, a minor child attending the 2012 Ballet Austin Senior Summer Intensive, have read the information contained in the Summer Intensive Packet regarding the policy for students age 17 and younger leaving the Ballet Austin Butler Dance Education Center. By signing this form, we (I) will allow our (my) minor child to exit the Ballet Austin Butler Dance Education Center located at 501 West 3rd Street, and accept responsibility for and hereby waive, release, and discharge Ballet Austin and its officers, directors, members, agents, representatives and employees from any claim, demand, or cause of action arising out of or in connection with any incident that may occur while he/she is away from the supervision of Ballet Austin.

We (I) also agree to indemnify and save harmless Ballet Austin and its officers, directors, members, agents, representatives and employees from all claims for loss, damage, or injury sustained by us (me) or by our (my) child whether the same be caused by the negligence of Ballet Austin and its officers, directors, members, agents, representatives, or employees, or otherwise.

Parent/Guardian Signature

Date

ALL Students please read and sign below:

I, _____, a student age 17 or younger at Ballet Austin's Summer Intensive 2012 understand that I am only allowed to exit the Ballet Austin studios if given signed permission by my parent/guardian above. I also understand that if permission is given, I will abide by all of Ballet Austin studio exit sign-out and sign-in policies and procedures.

Student Signature (REQUIRED even if permission is not given above)

Date



.....

Senior Summer Intensive 2012

MEDICAL Forms to be Returned to Ballet Austin

ALL STUDENTS

TO: Parents/Guardians of Ballet Austin Summer Intensive Students (minor students under 18) and Students 18 and older.

RE: REQUIRED MEDICAL FORMS

Ballet Austin welcomes your son/daughter as a Summer Intensive student. An intensive dance program carries with it some degree of risk to the participant because of the vigorous nature of dance and the amount of time spent dancing each day. Ballet Austin desires to safeguard each student's health and well-being while in our summer program.

To facilitate care, we are requesting that you complete a number of health status and medical release forms. Students will not be permitted to check into the dormitory and/or participate in the dance program until all forms are completed and are on file in the Schools office. The following forms are attached for your review and completion:

- **CONSENT FOR TREATMENT OF A MINOR** (Signed by parent/guardian of students under 18 during any part of the Summer Intensive.)
- **CONSENT FOR TREATMENT OF A NON- MINOR** (Signed by students over 18.)
- **PRE-ACTIVITY CLEARANCE PHYSICAL EXAMINATION: PHYSICIAN AUTHORIZATION** (All students.)
All students are required to have written physician clearance proclaiming them fit for intensive dance participation. The physical examination must have been completed within the last 12 months. If your physician has documented the health information on another form, a copy of that form will suffice.
- **MEDICAL/HEALTH/IMMUNIZATION RECORDS/HEALTH INSURANCE** (All students.)
- **"NOTICE OF PRIVACY PRACTICES" AND THE ACKNOWLEDGEMENT OF RECEIPT** (All students.)
If your student is ever sick or injured during the Summer Intensive, his/her health care will be coordinated by Ballet Austin's Summer Intensive nurse. Ballet Austin works with a select group of physicians who are able to see students while they are under our care. In order to provide appropriate care, Ballet Austin's professional staff, and Summer Intensive employees must use and disclose your student's medical information to the extent necessary for treatment, payment, and health care operations. Sharing of this information requires compliance with privacy practices required by the law (HIPPA). These privacy practices dictate how your student's medical information may be used and disclosed, and how you can get access to this information. We are required to provide you with our "Notice of Privacy Practices" and to secure your signature acknowledging receipt of the privacy notice.
- **AUTHORIZATION: RELEASE OF MEDICAL INFORMATION TO SUMMER INTENSIVE STAFF** (All Students.)
Your student's personal health information will not be disclosed unless you sign (or student 18 and older signs) the appropriate authorization form included in this packet. It is important to understand that our staff will respect the privacy of each student's health information, release only the minimum necessary to protect his/her health and safety, and take appropriate measures to ensure the confidentiality of medical information.



Senior Summer Intensive 2012

Medical Forms

Return forms to:

501 West 3rd Street

Austin, TX 78701

Ph. – 512.476.9051 ext. 126

Email – eric.caruthers@balletaustin.org

Fax – 512.472.3073

Student Name _____
Student's Age at start of session _____
Date of Birth ____ / ____ / ____
Session Attending:
First three weeks _____
Second three weeks _____
Six weeks _____
Dormitory Student? Yes _____ No _____

OFFICE USE ONLY
Date received: _____
Minor Student? _____
Incomplete or missing medical forms:

CHECK-LIST OF MEDICAL FORMS TO BE RETURNED:

- **Medical Forms must be signed, dated, and returned by ALL STUDENTS by May 2, 2012.**
 - **If a Physician's visit is pending, please return the *Pre-Activity Clearance* by the start date of the program or when student checks into the dormitory.**
- **PLEASE RETURN THIS COVER FORM WHEN RETURNING MEDICAL FORMS**
- **RETURN ALL FORMS IN PAGE ORDER EVEN IF A FORM IS PENDING (Physician's Release (pg. 3) may be returned separately at a later date)**
- **AT THE TOP OF EACH FORM, PLEASE WRITE THE STUDENT'S NAME, AGE, AND INDICATE WHETHER STUDENT IS A DORMITORY STUDENT.**
- **IT IS RECOMMENDED THAT YOU MAKE COPIES OF ALL FORMS FOR YOUR OWN RECORDS BEFORE RETURNING THEM TO BALLET AUSTIN**
 - CONSENT FOR TREATMENT OF A MINOR (pg 2)**
 - CONSENT FOR TREATMENT OF A NON- MINOR (pg 3)**
 - PRE-ACTIVITY CLEARANCE PHYSICAL EXAMINATION: PHYSICIAN AUTHORIZATION (pg 4)**
 - MEDICAL/HEALTH/IMMUNIZATION RECORDS/HEALTH INSURANCE (pg 5-7)**
 - "NOTICE OF PRIVACY PRACTICES" AND THE ACKNOWLEDGEMENT OF RECEIPT (pg 8-9)**
 - AUTHORIZATION: RELEASE OF MEDICAL INFORMATION TO SUMMER INT. STAFF (pg 10)**

NAME OF STUDENT: _____ AGE _____ IS STUDENT A DORMITORY RESIDENT? ___Y ___N



Dorm Room #: _____

**Senior Summer Intensive 2012
CONSENT FOR TREATMENT OF A MINOR**

**(Required to be signed by parent/guardian of student under 18 during any part of the Summer Intensive)
The information provided on this form is important for contacting a parent/guardian in case of illness or injury.**

Student's Name: _____

Date of Birth: _____ Age: _____

Address (Street, City, State, Zip Code): _____

Parent/Guardian Phone Number: _____
Home Cell/Work

Parent/Guardian Email: _____

HEALTH INSURANCE INFORMATION:

FAMILY MEDICAL/HOSPITAL INSURANCE PROVIDER _____

POLICY NUMBER _____ INSURANCE ID# or Employee SS# _____

Does your Insurance Provider require pre-approval for Clinic visits? _____

Insurance Contact Phone #: _____

Please include a photocopy of your insurance card (front and back) submitted with forms

I authorize the physician or medical service provider/clinic/hospital to bill the insurance company directly.

I authorize insurance payments to be made to the healthcare provider.

NAME OF INSURED: _____ SIGNATURE: _____

I, the undersigned, as the parent or legal guardian of _____, 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 Ballet Austin and its board, officers, employees, and representatives, 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.

The effective dates for this authorization are June 16, 2012 through July 29, 2012. I understand that I, not Ballet Austin, am responsible for any medical charges.

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

PRINT NAME OF PARENT/LEGAL GUARDIAN

NAME OF STUDENT: _____ AGE _____ IS STUDENT A DORMITORY RESIDENT? ___Y___N



**Senior Summer Intensive 2011
CONSENT FOR TREATMENT OF A NON-MINOR**

**(Required to be signed by students 18 or older during any part of the Summer Intensive)
(If a student turns 18 during any part of the Summer Intensive, please sign this form and have a parent/
guardian sign the consent for treatment of a minor)**

Student's Name: (18 or older): _____

Date of Birth: _____ Age: _____

Address (Street, City, State, Zip Code): _____

Emergency Contact Phone Number: _____
Home Cell/Work

Emergency Contact Email: _____

HEALTH INSURANCE INFORMATION:

FAMILY MEDICAL/HOSPITAL INSURANCE PROVIDER _____

POLICY NUMBER _____ INSURANCE ID# or Employee SS# _____

Does your Insurance Provider require pre-approval for Clinic visits? _____

Insurance Contact Phone #: _____

****Please include a photocopy of your insurance card (front and back) submitted with forms****

I authorize the physician or medical service provider/clinic/hospital to bill the insurance company directly.

I authorize insurance payments to be made to the healthcare provider.

NAME OF INSURED: _____ SIGNATURE: _____

I, the undersigned, as the parent or legal guardian of _____, 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 Ballet Austin and its board, officers, employees, and representatives, 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.

The effective dates for this authorization are June 16, 2012 through July 29, 2012. I understand that I, not Ballet Austin, am responsible for any medical charges.

SIGNATURE STUDENT AGE 18 OR OLDER

DATE

PRINT NAME STUDENT AGE 18 OR OLDER

NAME OF STUDENT: _____ AGE _____ IS STUDENT A DORMITORY RESIDENT? ___Y ___N



Date of Physician's visit: _____

Senior Summer Intensive 2012
PRE-ACTIVITY CLEARANCE PHYSICAL EXAMINATION: PHYSICIAN AUTHORIZATION
(Required of all students)

The DUE DATE deadline may be extended for this form in order to accommodate appointment scheduling with a Physician's office. The physical examination must have been completed within 12 months of the start of the program. If your physician has documented the health information on another form, a copy of that form will suffice.

COMPLETED Form must be turned in by CHECK-IN DATE.

Note to Physician: This form is needed to determine if the student is physically able to participate in the dance classes and education programs of the Senior Summer Intensive program of Ballet Austin. Please note any reasons a student is not able to participate on this form or in a separate letter.

◇ I have examined _____ and find that he/she is in good health and can participate in the Ballet Austin Senior Summer Intensive program 2012, of which may include up to six hours of strenuous dance classes and rehearsals per day, five to six days a week for three or six weeks.

OR

◇ I have treated _____, or he/she has been treated by another physician or medical provider within the last 12 months for:

_____ and I release him/her to participate in the Senior Summer Intensive program of Ballet Austin, which may include up to six hours of strenuous dance classes and rehearsals per day, five to six days a week for three or six weeks.

OR

◇ I have examined _____ and find that he/she is **NOT** in sufficient good health to participate in the Ballet Austin Senior Summer Intensive program 2012.

SPECIFIC ACTIVITIES TO BE LIMITED/RESTRICTED: (i.e. - jumping, running, swimming, etc)

Restrictions and/or comments regarding pre-existing conditions: _____

PHYSICIAN CLEARANCE AND AUTHORIZATION:

I hereby certify that I have examined the above-named patient and have found him/her fit to attend and participate in the *Ballet Austin Summer Intensive program 2012*. I know of no impairments, which would limit his/her participation except those that I have listed above.

I further certify that he/she is currently free from any contagious diseases.

Date of Last Tetanus Booster _____

Date of Physical Exam *(must have been completed within 12 months of the start of the program)* _____

Physician's Name (Please Print): _____

Name of Practice: _____

Physician's Office Phone # () _____ Physician's Office FAX # () _____

Address: _____

City: _____ State: _____ Zip Code: _____

Physician's Signature

Date

NAME OF STUDENT: _____ AGE _____ IS STUDENT A DORMITORY RESIDENT? ___Y ___N



Senior Summer Intensive 2012
MEDICAL/HEALTH/IMMUNIZATION RECORDS/HEALTH INSURANCE
(Required of all students)

PLEASE FILL OUT COMPLETELY AND WITH AS MUCH DETAIL AS POSSIBLE AND INCLUDE COPY OF IMMUNIZATION RECORD AND HEALTH INSURANCE CARD.

HOW MEDICAL INFORMATION ABOUT YOU/YOUR STUDENT MAY BE USED.
PLEASE REVIEW CAREFULLY.

Ballet Austin's recommended medical providers, Summer Intensive nurse, professional teaching staff, and employees, follow privacy practices when accessing medical information. Your medical information is maintained in records that will be handled in a confidential manner, as required by law. However, Ballet Austin's representatives will use and disclose your medical information to the extent necessary to provide you with quality health care while in the Summer Intensive program. To do this, your medical information must be shared with others as necessary for treatment, payment, and health care operations.

STUDENT'S NAME _____ **BIRTH DATE** _____ / _____ / _____ **AGE** _____

ALLERGIES

- Do you have any food allergies or intolerances? Yes _____ No _____ * **If yes**, complete the following:

List food allergies/intolerances: _____

Does your food allergy require use of an Epi-Pen? Yes _____ No _____

If yes, does student know how to use Epi-Pen? _____

Does your food allergy require special food preparation? Yes _____ No _____

If yes, explain: _____

- Do you have any medication/drug allergies? Yes _____ No _____

If yes, list the medications you are allergic to: _____

- Do you have any environmental/seasonal allergies? _____

CURRENT MEDICATION (This includes prescriptive, over-the-counter, and herbal supplements. List medications and reason for taking the medication. Include detailed instructions. Dormitory students should plan for enough of a medication for the duration of the program. **Your student will be responsible for taking their medication**) _____

Do you wear glasses or contact lenses? Yes _____ No _____

OTHER DISEASES or INJURIES (Have you had any major illnesses, operations, or significant injury (concussion/fracture) in the past, which might, even remotely, bear on your health needs at the Summer Intensive? Please describe, and please be specific. Identify any illnesses or injury within the past 90 days) _____

NAME OF STUDENT: _____ AGE _____ IS STUDENT A DORMITORY RESIDENT? ___Y ___N

NAME OF PRIMARY CARE FAMILY PHYSICIAN: _____

PHONE (____) _____ FAX (____) _____

NAME OF DENTIST OR ORTHODONTIST: _____

PHONE (____) _____ FAX (____) _____

NAME OF ANY OTHER HEALTHCARE PROVIDER STUDENT HAS SEEN FOR TREATMENT:

PHONE (____) _____ FAX (____) _____

SPECIFIC ACTIVITIES TO BE LIMITED ON ADVICE OF PHYSICIAN (As per Physician Release Form)

Has the student menstruated? _____ If no, has she been told about it? _____

Has the student ever had symptoms of or been treated for: Depression? _____ Eating disorder? _____

Does the student now or has he/she ever used tobacco products? _____

Does the student now or has he/she ever used alcohol/illicit drugs? _____

Is this the student's first time away from home for an extended period of time? _____

Other information that would be helpful in the care of your student (please be specific)? _____

I certify that all information in this medical form and the immunization record are true and accurate and there has been no omission of data.

I understand that, it is Ballet Austin's policy to make every effort to reach the parent/guardian in advance of treatment.

Parent/Guardian or Student's (age eighteen (18) or over) Signature **Date**

Emergency Contact – NAME of Parent/Guardian **Emergency PHONE # of Parent/Guardian**

Emergency Contact – NAME of Parent/Guardian **Emergency PHONE # of Parent/Guardian**

Additional Contact NAME in case of emergency **Relation** **Phone**

~ ATTACH CURRENT IMMUNIZATION RECORD OR COMPLETE PAGE 8 WITH IMMUNIZATION INFORMATION ~

NAME OF STUDENT: _____ AGE _____ IS STUDENT A DORMITORY RESIDENT? ___Y ___N



**Senior Summer Intensive 2012
IMMUNIZATION RECORD**

(Required of all students)

ATTACH CURRENT IMMUNIZATION RECORD OR COMPLETE THE FORM BELOW WITH STUDENT'S IMMUNIZATION INFORMATION.

Immunizations:

The following are recommended by Ballet Austin.

Tetanus immunization must have been received within the last 10 years.

If Student has had the disease, put "Diagnosed" and the year.

If immunized, enter the year you received the immunization/booster.

	√ YES if Immunized	√ No	Date(s) of Immunizations
Tetanus			
Pertussis			
Diphtheria			
Measles			
Mumps			
Rubella			
Polio			
Chicken pox			
Hepatitis A			
Influenza (H1N1)			

Please contact the Schools office at 512.476.9051 ext 126 if you have questions about any of the immunizations.



Senior Summer Intensive 2012

BALLET AUSTIN NOTICE OF PRIVACY PRACTICES (Required of all students.)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU/YOUR STUDENT MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

HIPAA PRIVACY RULES REQUIRE THAT WE FURNISH YOU WITH THIS NOTICE.

I. Purpose: Ballet Austin's medical providers, professional staff, and Summer Intensive employees, follow the privacy practices described in this Notice. Your medical information is maintained in records that will be handled in a confidential manner, as required by law. However, Ballet Austin's representatives must use and disclose your medical information to the extent necessary to provide you with quality health care. To do this, your medical information must be shared with others as necessary for treatment, payment, and health care operations.

II. What Are Treatment, Payment, and Health Care Operations? Treatment includes sharing information among health care providers involved in your care. For example, your treatment provider may share information about your condition with other treatment providers in clinic and hospital settings in order to make a diagnosis or to improve the quality of care, e.g., for review and training purposes. In addition, we also may use your medical information as required by your insurer to obtain payment for your treatment.

III. What Are Other Ways Your Medical Information May Be Used? Your medical information may be used, unless you ask for restrictions on a specific use of disclosure, for the following purposes:

- Appointment reminders.
- To inform you of treatment alternatives or benefits or services related to your health. (You will have an opportunity to refuse to receive this information.)
- To carry out health care treatment, payment, and operations functions through business associates.
- Alcohol and drug abuse information has special privacy protections. Ballet Austin will not disclose any information relating to substance abuse treatment unless: (i) consent is obtained in writing; (ii) a court order requires disclosure of the information; (iii) medical personnel need the information to meet a medical emergency; (iv) qualified personnel use this information for the purpose of conducting scientific research, management audits, financial audits, or program evaluation; or (v) it is necessary to report a crime or a threat to commit a crime, or to report abuse or neglect as required by law.
- Worker's Compensation. (Your medical information regarding benefits for work-related illnesses may be released as appropriate.)
- Health oversight activities, e.g., audits, inspections, investigations, and licensure.
- Certain research projects.
- To prevent a serious threat to health or safety.
- Law enforcement (e.g., in response to a court order or other legal process; to identify or locate an individual being sought by authorities; about the victim of a crime under restricted circumstances; about a death that may be the result of criminal conduct; circumstances relating to reporting information about a crime).
- Disaster relief agency if injured in a disaster.
- National security and intelligence activities.
- Protection of the President or other authorized persons for foreign heads of state, or to conduct special investigations.
- Lawsuits and disputes. (We will attempt to provide you advance notice of a subpoena before disclosing the information.)
- As required by law.

NAME OF STUDENT: _____ AGE _____ IS STUDENT A DORMITORY RESIDENT? ___Y ___N

IV. Your Authorization Is Required for Other Disclosures. Except as described above, we will not use or disclose your medical information unless you authorize us in writing to disclose your information. You may revoke your permission, which will be effective only after the date of your written revocation. Your medical records may also contain psychotherapy notes from individual, joint, group or family sessions you may have participated in. You will need to sign a separate authorization form for the use and disclosure of this information. You may revoke your permission to use and disclose your psychotherapy records by sending a written revocation to Ballet Austin

V. You Have Rights Regarding Your Medical Information. You have the following rights regarding your medical information, provided that you make a written request to invoke the right.

Right to request restrictions. You may request limitations on your medical information we use or disclose for health care treatment, payment, or operations (e.g., you may ask us not to disclose that you have had a particular treatment), but we are not required to agree to your request. If we agree, we will comply with your request unless the information is needed to provide you with emergency services.

Right to confidential communications. You may request communication in a certain way or at a certain location, but you must specify how or where you wish be contacted.

Right to inspect and request a copy. You have the right to inspect and request a copy of your medical information regarding decisions about your care. Under limited circumstances, your request may be denied; in that instance you may request review of the denial by another licensed health care professional chosen by Ballet Austin’s medical providers. Ballet Austin will comply with the outcome of the review.

Right to request amendment. If you believe that the medical information we have about you is incorrect or incomplete, you may request an amendment, which requires certain specific information.

Right to accounting disclosures. You may request a list of the disclosures of your medical information that have been made to persons or entities other than for health care treatment, payment, or operations in the past six (6) years, but not prior to April 14, 2003.

Right to a copy of this Notice. You may request a copy of this Notice at any time, even if you have been provided with an electronic copy.

VI. Requirements Regarding This Notice. Ballet Austin is required by law to provide you with this Notice. We will be governed by this Notice for as long as it is in effect. We may change this Notice and these changes will be effective for medical information we have about you as well as any information we receive in the future.

VII. Complaints. If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the United States Department of Health and Human Services. You will not be penalized or retaliated against in any way for making a complaint.

Contact: Call Ballet Austin Managing Director of Schools at 512.476.9051 if:

- You have a complaint.
- You have any questions about this Notice.
- You wish to request restrictions on uses and disclosures for health care treatment, payment, or operations.
- You wish to obtain forms to exercise your individual rights described in paragraph V.

ACKNOWLEDGEMENT OF RECEIPT OF THE “NOTICE OF PRIVACY PRACTICES”

I acknowledge that I _____ have received a copy of the
(Print parent/guardian’s name, or name of student if 18 and older)

“Notice of Privacy Practices” of *Ballet Austin*.

Date: _____

Signed: _____
(Parent/guardian signature if student is under 18)

Signed: _____
(Student signature of student 18 or older)

Summer Intensive Student’s Name: _____ Student’s DOB: _____
(Please print)

NAME OF STUDENT: _____ AGE _____ IS STUDENT A DORMITORY RESIDENT? ___Y ___N



Senior Summer Intensive 2012

**AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION
TO SUMMER INTENSIVE STAFF**

(Required of all students)

This authorizes Ballet Austin Summer Intensive Nurse, physicians, and medical personnel to release information concerning the medical status, medical condition, injuries, prognosis, diagnosis and related personally identifiable health information of _____ (Participant) to Summer Intensive staff (Program Directors, Artistic Directors, Dormitory Chaperones, Faculty, Choreographers). This information includes injuries or illnesses relevant to participation Ballet Austin's Summer Intensive program.

The reason for this disclosure is to advise Summer Intensive staff of the nature, diagnosis, prognosis or treatment concerning any medical condition and any injuries or illnesses Participant may have so that they can make decisions regarding Participant's ability and suitability to participate in the program.

Summer Intensive Student's Name: _____ **Student's DOB:** _____
(Please print)

Signed: _____ **Date:** _____
(Parent/guardian signature if student is under 18)

Signed: _____ **Date:** _____
(Student signature of student age 18 or older)



About Austin

Austin is the capital city of Texas, situated at the center of The Lone Star State and is home to The University of Texas. It is often referred to as the Live Music Capital of the World. Originally buffalo hunting ground for the Tonkawa Indians, Austin was permanently settled in 1838 as a trading post. Now more than 1 million people live in the Austin metropolitan area. Casual, cosmopolitan, eclectic, five-star, techie, hippie, historic, chic, intellectual, fashionable, artistic, and weird... The adjectives used to describe Downtown Austin are as numerous and diverse as the people who live, work, and visit here.

Things to Do in Austin, Texas

The Bob Bullock Texas State History Museum

This recently opened museum offers its visitors a chance to explore the story of Texas in a big way. And if the tales of the Rio Grande or the Alamo aren't enough to give you a taste of The Lone Star State, then perhaps a movie on a 3-story screen in the IMAX Theater will capture your attention. Everything's bigger in Texas! 1800 North Congress, 512-935-8746
www.thestoryoftexas.com

Harry Ransom Center

One of the most treasured museums in the nation, the Harry Ransom Center, located on the campus of The University of Texas at Austin, is home to some of the most unique pieces of art and history, from pop culture to ancient civilizations. 300 West 21st Street. 512 471-8944 www.lib.utexas.edu/Libs/HRC/HRHRC

Zilker Park and Botanical Gardens

With its wide open spaces, Zilker Park is the perfect venue for outdoor events and summer concerts. A perfect getaway for those who want to get away from the hustle and bustle of the city.

Renaissance Market

Across from The University of Texas at Austin lies an open air market where you can find handmade jewelry, art, and clothing. Open all year round, the Renaissance Market offers its visitors a wide variety of one of a kind crafts and gift ideas. On Guadalupe between Martin Luther King Blvd and 24th Street.

Barton Springs Pool

The crown jewel of Austin, this spring fed pool is open year round and offers the city's most refreshing swim. Located in Zilker Park on the south side of Barton Springs Road. 512-867-3080.

The Union Underground

Underneath the Texas Union Building at the University of Texas at Austin, the Union Underground features a full size bowling alley, pool hall, dart boards, air hockey, and video game arcade. 24th Street and Guadalupe.

BookPeople Bookstore

Located at the corner of 6th Street and Lamar Blvd., BookPeople is one of the largest independent Bookstores in Texas. Monthly events include book signings from best selling authors to appearances from celebrities and politicians. Ann Rice, Lance Armstrong, and Dennis Hopper are a few examples of popular guests at this Austin Original. 6th Street and Lamar Blvd. 512-472-5050 www.bookpeople.com

South Congress Avenue Bridge Bats

Each evening at dusk millions of Mexican bats leave their dwellings under the Congress Avenue Bridge to dine along the banks of the Colorado River. The daily event draws thousands of onlookers as it is a sight to behold.

South Congress Avenue Shopping (SOCO)

South of the river, Congress Ave. is lined with numerous eclectic shops, clubs, and restaurants.

Lade Bird Lake Hike & Bike Trail

This gravel trail runs a 16 mile loop along the banks of the Colorado, through Zilker Park and just south of downtown Austin. Perfect for jogging, off-road cycling, or just pleasant strolling, there are mile markers along the trail and outfitters who rent canoes and rowboats. www.texasoutside.com/hiketrial.htm

The University of Texas at Austin

Founded in 1883, UT is one of the largest and most respected universities in the nation.

Alamo Drafthouse Cinema

Voted the Best Theater in Austin, the Alamo Drafthouse redefines dinner and a movie. From new releases to cheesy classics, this unique theater serves great food and entertainment at the same time! Do not miss this Austin Original. Check the website for unique events and themed movie nights. 512-476-1320 www.drafthouse.com

6th Street

What visit to the Live Music Capital of the World would be complete without a trip to this legendary street? Although the street itself is open to the public, entrance to some of the clubs is restricted to those who are of legal drinking age (21 years old).

2th Street District

In the center of downtown and at the heart of what makes Austin so special are more than 50 (mostly locally owned) specialty shops, services and dining destinations. This is 2ND Street District: Austin's authentic city neighborhood of urbane chic, youthful exuberance and true Texas spirit. www.2ndstreetdistrict.com

Texas State Capital

The granite Texas statehouse stands as a testament to the history of The Lone Star State. Free, guided tours. Mon.-Fri. 8:30-4:30p.m.; Sat. 9:30-3:30p.m.; Sun. 12-3:30 p.m. 11th St. and Congress Ave.

Austin Nature and Science Center

Discover nature up close with exhibits, a "Dino Pit," nature trails, ongoing programs and animal refuge. Mon.-Sat., 9am-5pm; Sun., noon-5pm. 301 Nature Center Dr.

Austin Duck Adventures

A fun, narrated, amphibious tour of downtown Austin. Tours end with a splash on Lake Austin. Call for tour hours. Departs from Austin Visitor Center, located at 209 E. Sixth Street. 512-477-5274

For more information about visiting downtown Austin - www.downtownaustin.com

Nearby Shopping and Transportation to Ballet Austin, 501 W 3rd St. and The Castilian Dormitory, 2323 San Antonio

TRANSPORTATION

Capital Metro Bus Services

Customer Service: 512-474-1200

Schedule of routes: www.capmetro.org - AIRPORT FLYER

Route 100

SuperShuttle

For transportation to and from the airport

Austin direct number: (512) 258-3826;

National number: 1-800-BLUE VAN (258-3826)

American Yellow Checker Cab

452-9999

PHARMACIES

CVS/pharmacy

512-478-109 1500 Congress Avenue (downtown)

CVS/pharmacy

478-1091 2200 Guadalupe (near the Castilian)

GROCERY STORES

Central Market

512-206-1000 ♦ 4001 North Lamar Blvd.

Whole Foods Market/World Headquarters

512-477-4455 550 Bowie St

University Co-op Grocery Store

2246 Guadalupe Street

SHOPPING

TARGET (Capital Plaza)

5621 N. IH 35

HANCOCK SHOPPING CENTER

1000 East 41st Street (north of downtown and University. Includes Grocery Store, Sears, and more)

BARTON CREEK SQUARE MALL

512-328-5260

2901 S. Capital of Texas Hwy

In addition to a variety of stores, the mall includes Dillard's, Macy's, Nordstrom, and JC Penney.

CENTRAL PARK

512-454-6459

4008 North Lamar Blvd.

Includes Central Market, BookStop Bookstore, and other specialized gift shops.

Hotels/Motels/Lodging nearby to Ballet Austin's Butler Dance Education Center

Courtyard Marriott*

300 East 4th Street
Austin, TX 78701
512 236-8008

Residence Inn Marriott*

300 East 4th Street
Austin, TX 78701
512 472-5553

Homestead Studio Suites - Town Lake

507 S. First St., Austin, TX 78704
512 476-1818

Extended StayAmerica - Downtown - 6th St.

600 Guadalupe St., Austin, TX 78701
512 457-9994

Hampton Inn and Suites - Downtown

200 San Jacinto Blvd., Austin, TX 78701
512 472-1500

Doubletree Guest Suites

303 W 15th St., Austin, TX 78701
512 478-7000

Austin Marriott at the Capitol Hotel

701 East 11th St., Austin, TX 78701
512 478-1111

The Driskill

604 Brazos Street, Austin, TX 78701
512 474-5911

Inter-Continental Stephen F. Austin

701 Congress Avenue, Austin, TX 78701
512 457-8800

La Quinta Inn Austin Capitol

300 East 11th Street, Austin, TX 78701
512 476-1166

Hilton Austin

500 East 4th Street, Austin, TX 78701
512 482-8000

Holiday Inn Austin- Town Lake

Holiday Inn Town Lake, Austin, TX 78701
512 472-8211

Omni – Downtown

700 San Jacinto @ 8th Street, Austin, TX 78701
512 476-3700

Radisson Hotel and Suites

111 East Cesar Chavez, Austin, Texas 78701
512 478-9611

Days Inn University

3105 N Interstate Hwy 35, Austin, TX 78722
512 478-1631

Double Tree

1617 N. IH 35, Austin, TX 78702
512 479-4000

*** Courtyard Marriott and Residence Inn
Marriott offer a special rate to Ballet
Austin.**

**For additional information about lodging in the Austin area please visit the Austin
Visitor's Bureau website at www.austintexas.org**