

# 2018 OHIO SCOTTISH ARTS SCHOOL HIGHLAND DANCING REGISTRATION FORM

PLEASE PRINT ALL INFORMATION

First & Last Name: \_\_\_\_\_  Male  Female  
(as you would like it on your nametag)

Address: \_\_\_\_\_

City, State/Province, ZIP/Postal Code: \_\_\_\_\_

Main Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

Residential Parent/Guardian Name(s): \_\_\_\_\_

If under 18 - Age on 6/22/18: \_\_\_\_\_ Birthdate : \_\_\_\_\_ School Grade in Fall 2018: \_\_\_\_\_

If Adult (over 18) - Birthdate : \_\_\_\_\_ (year optional)

How long have you been dancing? \_\_\_\_\_ (must be filled in)

**Competitive Level:**  Beginner  Novice Will you move up before 6/22/18?:  Yes  No

Intermediate (when did you move up? \_\_\_\_\_ )  Premier

Have you learned Championship Steps?  Yes Have you learned Premiership Steps?  Yes

I wish to enroll as an Observer:

I wish to enroll in Teacher Training (\$80 additional fee):

Preferred Name for Dance Class nametag: \_\_\_\_\_

### THIS SECTION TO BE COMPLETED BY YOUR TEACHER:

*Please check all the dances your student knows well:*

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Highland Fling             | <input type="checkbox"/> Hullachan Reel    | <input type="checkbox"/> Barracks, Johnny | <input type="checkbox"/> Village Maid   |
| <input type="checkbox"/> Sword Dance                | <input type="checkbox"/> Sailor's Hornpipe | <input type="checkbox"/> Highland Laddie  | <input type="checkbox"/> Scotch Measure |
| <input type="checkbox"/> Seann Truibhas             | <input type="checkbox"/> Irish Jig         | <input type="checkbox"/> Blue Bonnets     | <input type="checkbox"/> Broadsword     |
| <input type="checkbox"/> Strathspey & Highland Reel | <input type="checkbox"/> Fancy             | <input type="checkbox"/> Earl of Errol    | <input type="checkbox"/> Choreography   |
| <input type="checkbox"/> Strathspey & Half Tulloch  | <input type="checkbox"/> Scottish Lilt     |   |   |

### Highest Highland Medal Test Passed:

- Bronze  Silver  Gold  Blue Riband  British Medallion  Premier Award

PLEASE PRINT

Teacher's Name: \_\_\_\_\_ Teacher's membership #: \_\_\_\_\_

Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Teacher Comments: \_\_\_\_\_

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### WAIVER AND RELEASE

In consideration of your acceptance of (my/my child's) registration for the 2018 Ohio Scottish Arts School, I hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims that I may have to damages against The Scottish-American Cultural Society of Ohio, Inc. (SACSO, Inc.), the Ohio Scottish Arts School of SACSO, Inc., their agents, employees, trustees, directors, officers, attorneys, representatives, insurers, successors, and assigns, for any injuries which (I/my child) may suffer during the 2018 Ohio Scottish Arts School.

**I expressly agree for (myself/my child) to obey the Code of Conduct of the Ohio Scottish Arts School.** I understand that the Director and Instructors reserve the right to dismiss (me/my child) at any time for just cause, which includes but is not limited to, failure to comply with the Code of Conduct of the Ohio Scottish Arts School.

I represent to SACSO, Inc. that (I am/my child is) trained and properly conditioned to undertake the physical demands that might be placed on (me/my child) in the course of the 2018 Ohio Scottish Arts School.

### PHOTO RELEASE

I hereby give my permission to The Scottish-American Cultural Society of Ohio, Inc. (SACSO, INC.) to take my photograph (or that of my child, if my child is enrolling and is under the age of 18 years) in connection with school-related activities while I am/my child is enrolled as a student in the Ohio Scottish Arts School of SACSO, Inc.

My signature on the Photo Release further serves as a complete release and permission to SACSO, Inc. to use any photograph taken of me/my child while I am/my child is enrolled as a student at the Ohio Scottish Arts School for SACSO, Inc. publicity. Such use may include, but not limited to, publishing my/my child's photograph in print and broadcast promotional materials and using my/my child's photograph on the SACSO, Ohio Scottish Games and/or Ohio Scottish Arts School website.

\_\_\_\_\_  
Print Participant's Name

\_\_\_\_\_  
Participants' Signature  
(Parent or Guardian if participant is under 18)

Date: \_\_\_\_\_

Height: \_\_\_\_\_ *Used for photo placement*

Adult T-shirt size: S M L XL XXL

OSAS Golf shirt instead of T-shirt \$7<sup>00</sup> \_\_\_\_\_

### 40th Sale Student Registration Fees:

Resident: \$650

I would like to room with: \_\_\_\_\_

\_\_\_\_\_  
*NOTE: triples & quads are not available in 2018*

Day Student with meals: \$550 \_\_\_\_\_

Day Student without meals: \$475 \_\_\_\_\_

### Additional Fees:

Dance Teacher Training \$80: \_\_\_\_\_

Single Room \$55: \_\_\_\_\_

*(Adults only. Subject to availability.)*

I need a room on the \_\_\_\_\_ floor.

Extra Night (Fri., June 22) \$50: \_\_\_\_\_

### Transportation Request\*:

*\*Please complete Transportation Release Form*

I will need transportation from Cleveland Hopkins Airport to the Ohio Scottish Arts School, Oberlin College, Oberlin on Friday, June 22 AND round trip transportation to the Ohio Scottish Games on Saturday, June 23. \$55: \_\_\_\_\_

I will need transportation from the Ohio Scottish Arts School, Oberlin College, Oberlin, to Cleveland Hopkins Airport on Friday, June 29. \$40 \_\_\_\_\_

**OPTIONAL** - 40th Anniversary Donation: \_\_\_\_\_  
*any amount would be greatly appreciated!*

### For Registrations\*/Payments after May 25, 2018

Late Fee \$25: *\*subject to availability* \_\_\_\_\_

Subtotal: \_\_\_\_\_

Scholarship from: \_\_\_\_\_

**\$200 Deposit\*/Payment** (*deduct from total*): \_\_\_\_\_

*\*Deposit due by March 15, 2018 to lock Sale Rate*

**Balance due by 5/25/18:** \$ \_\_\_\_\_

# 2018 OHIO SCOTTISH ARTS SCHOOL CODE OF CONDUCT

1. **ALL students (resident and day) MUST attend the Welcome Reception to be held at 8pm on Saturday, June 23, 2018.**
2. All medication and the Medication Forms (for minor students-under the age of 18) must be given to the Director for safe-keeping upon arrival or checking into the School.
3. Students may deposit pocket money and other valuables with the Director. OSAS WILL NOT ACCEPT LIABILITY FOR ANY MONEY OR OTHER VALUABLES LOST FROM DORMITORY ROOMS.
4. All students/staff are to wear their OSAS nametag to be visible at all times.
5. All visitors to OSAS must check-in with the Director to receive a Visitor's Badge.
6. No resident minor student may leave the Oberlin campus at any time except with the express permission of the Director.
7. **Minor students must be in the dormitory by 9:00 p.m.** Exceptions must be cleared in advance with the Director. A minor student leaving the dormitory after curfew will be subject to immediate dismissal.
8. Only registered students/staff are permitted in the building after 9:00 p.m.
9. In order to benefit from classes, students must get adequate rest. The following schedule of lights out will be enforced:
 

<b>Ages 10 - 13</b>	<b>10:00 p.m.</b>
<b>Ages 14 - 17</b>	<b>11:00 p.m.</b>
10. Noise in the dorm must be kept to a minimum after 9:30 p.m.
11. There will be no co-ed visitation permitted in the dorm other than designated areas. Any students violating this regulation will be subject to immediate dismissal.
12. Expenses for damages caused to the buildings or other property of Oberlin College by a participant in the OSAS will be charged to the person causing the damages. Anyone involved in damaging buildings or property of Oberlin College in any way will be subject to immediate dismissal.
13. Anyone not returning their room key or valadine card at check-out, will assume the \$50.00 fee that Oberlin College will charge OSAS.
14. Anyone not returning all Oberlin linen will assume the replacement fee that Oberlin College will charge OSAS.
15. The consumption of alcoholic beverages by any student under the age of twenty-one (21) will not be tolerated and will be grounds for immediate dismissal.
16. Adults are expected to limit their consumption of alcoholic beverages to their rooms and not in the presence of minors.
17. Evidence of substance abuse by any student will be grounds for immediate dismissal.
18. The Director reserves the right to search any minor student's room for evidence of alcoholic beverages and/or substance abuse at any time, without prior notice and/or student's presence in the room.
19. Smoking is not permitted in any building on the Oberlin College Campus. Any smoking must be limited to designated areas or outside. **THERE IS NO SMOKING IN DORM ROOMS OR RESTROOM FACILITIES IN ANY DORMITORY.**
20. Any student who is disruptive in class and/or interferes with other students' learning will be subject to immediate dismissal.
21. Any student who is disruptive outside of class will be subject to immediate dismissal.
22. Any form of sexual harassment will be grounds for immediate dismissal.
23. Any student engaged in behavior which violates the laws of the State of Ohio will be subject to immediate dismissal.
24. All participants of the OSAS shall adhere to the OSAS Code of Conduct and Oberlin College. A copy of the college rules will be provided. Failure to abide by any of these regulations may result in immediate dismissal.

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 Print Participant's Name

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 Participant's Signature

Date: \_\_\_\_\_

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 Parent or Guardian's Signature (if participant is under 18)

Date: \_\_\_\_\_

# 2018 OHIO SCOTTISH ARTS SCHOOL - HEALTH FORM

Please attach a copy of your child's Medical Insurance card to this form.

Name: \_\_\_\_\_ Birthdate : \_\_\_\_\_

AUTHORIZATION FOR EMERGENCY TREATMENT: I hereby give permission to the medical personnel selected by SACSO, INC., its agents, volunteers, and employees to obtain medical or emergency care for (me/my child) if (I/he/she) become injured or ill during the 2018 Ohio Scottish Arts School. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by SACSO, INC. to secure and administer treatment, including hospitalization, for my child as named above. I agree to reimburse SACSO, INC. for such medical or emergency care.

\_\_\_\_\_  
Participants' Signature (Parent or Guardian if participant is under 18) Date: \_\_\_\_\_

I direct that in the event of a medical emergency, I/we be contacted as soon as practical at these phone numbers:

Name: \_\_\_\_\_ Day: \_\_\_\_\_ Night: \_\_\_\_\_

Name: \_\_\_\_\_ Day: \_\_\_\_\_ Night: \_\_\_\_\_

Name: \_\_\_\_\_ Day: \_\_\_\_\_ Night: \_\_\_\_\_

**Please PRINT as many different telephone numbers as possible where a family member or friend can be reached in the event of an emergency. Two different day numbers and two different night numbers are important if there is no answer at the first one we try.**

I further agree to hold SACSO, INC., its agents, volunteers, and employees harmless for any claims that (I/my child) might have against it for administering any emergency first aid or other medical care.

## HEALTH AND MEDICAL INFORMATION

Do you/your child have any of the following conditions? (please check if YES):

- ADD/ADHD
- OCD
- Behavior Problems
- Anemia
- Asthma
- Other Lung Disease
- Bed Wetting
- Frequent Urinary Infections
- Diabetes
- Ear Infections
- Tubes in Ears currently
- Eating Disorders
- Anorexia/Bulimia
- Obesity
- Epilepsy
- Grand Mal Seizures
- Absence Spells
- Hay Fever/Seasonal Allergies
- Hypertension
- Heart Disease
- Mental Health Concerns:  Anxiety Disorder  Depression  Bipolar Disorder
- Menstrual Concerns
- Sleep Talking
- Sleep Walking
- Sprains, Strains, Muscle, Bone or Joint problems
- Stomach problems
- Diarrhea
- Constipation

Please Explain: \_\_\_\_\_

\_\_\_\_\_

List and explain any chronic health or physical problems: \_\_\_\_\_

\_\_\_\_\_

List any special diet requirements: \_\_\_\_\_

\_\_\_\_\_

Date of most recent tetanus shot: \_\_\_\_\_

Physician's name: \_\_\_\_\_

phone number: \_\_\_\_\_

Dentist's name: \_\_\_\_\_

phone number: \_\_\_\_\_

Orthodontist's/Specialist's name: \_\_\_\_\_

phone number: \_\_\_\_\_

**In case your child needs the following but did not bring it from home:**

Does your child have permission to take cough drops?  Yes  No

Does your child have permission to take: Tylenol, Ibuprofen or other Aspirin substitute?  Yes  No

<p><b>Allergies:</b></p> <p><input type="checkbox"/> None Known</p> <p><input type="checkbox"/> Epi pen usage</p> <p><input type="checkbox"/> Insect/Bee Stings</p> <p style="padding-left: 20px;"><input type="checkbox"/> Serious/Life threatening reaction</p> <p style="padding-left: 20px;"><input type="checkbox"/> Localized swelling or redness at site</p> <p><input type="checkbox"/> Medication Allergies</p> <p style="padding-left: 20px;"><input type="checkbox"/> Serious/Life threatening reaction</p> <p style="padding-left: 20px;"><input type="checkbox"/> Hives, rash, diarrhea, other</p> <p><input type="checkbox"/> Please list Med. Allergies: _____</p> <p>_____</p> <p><input type="checkbox"/> Food Allergies</p> <p style="padding-left: 20px;"><input type="checkbox"/> Serious/Life threatening reaction</p> <p style="padding-left: 20px;"><input type="checkbox"/> Cramps, diarrhea, hives</p> <p><input type="checkbox"/> Please list Food Allergies: _____</p> <p>_____</p> <p><input type="checkbox"/> Other Allergies: _____</p> <p>_____</p> <p><b>Will any prescription/non-prescription medicine be sent with your child?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If yes, please complete the Medication Form and bring it with you to check-in.</i></p>
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# 2018 OHIO SCOTTISH ARTS SCHOOL

## SATURDAY, JUNE 23 - FRIDAY, JUNE 29, 2018

PLEASE NOTE: All Fees are U.S. Funds

### 2018 40<sup>TH</sup> ANNIVERSARY SALE REGISTRATION BASIC FEES (Valid Only through Thursday, March 15, 2018):

Resident Student (tuition, double room, breakfast, lunch and dinner, and fees) .....	\$ 650.00
Day Student with meals - (tuition, no room, lunch and dinner, and fees).....	\$ 550.00
Day Student without meals - (tuition, no room, no meals, and fees) .....	\$ 475.00

### ADDITIONAL FEES:

Dance Teacher Training (Dance Students only) .....	\$ 80.00
Single Room (Adults Only-based on availability) .....	\$ 55.00
Extra night (Friday, June 22).....	\$ 50.00
OSAS Golf shirt instead of an OSAS t-shirt .....	\$ 7.00
Airport Transportation From Cleveland Hopkins Airport to Oberlin College on Friday, June 22 PLUS transportation to the Ohio Scottish Games on Saturday, June 23 .....	\$ 55.00
Airport Transportation From Oberlin College to Cleveland Hopkins Airport on Friday, June 29 .....	\$ 40.00

**OPTIONAL: \$40 FOR 40 YEARS! FUNDRAISER** We are asking you to reflect on the joy experienced at OSAS. Remember the skills enhanced, the tunes/dances learned, and, most importantly, the friendships formed!! \$40 (or any amount) is a small contribution to support future and current students in their quest for skills, learning and friendships!! Thanks for being part of the Ohio Scottish Arts School family and our ongoing mission to support the arts and culture of Scotland. As a 501(c)(3), your donation will be entirely tax deductible. You may include with your registration or Donate via PayPal.

### REGISTRATION INFORMATION

- **To guarantee 40<sup>th</sup> Anniversary Sale Registration Fees, your forms and deposit must be received by Thursday, March 15, 2018.**  
The forms consist of the following 5 pages: 1-Class Registration, 2-Tuition & Fees, Waiver & Photo/Video Release, 3-Health Form, and 4-Code of Conduct. **Failure to include all 4 pages will delay your registration.**
- **All registrations MUST include a deposit of \$200.** The deposit is applied to total fees.
- **Only US Dollars will be accepted.**
- Make checks/money orders payable to **Scottish-American Cultural Society of Ohio, Inc. or SACSO, Inc.** We will also accept payments through PayPal. Send money to [ohscotpam@gmail.com](mailto:ohscotpam@gmail.com)
- An **NSF fee of \$25.00** will be assessed for any payment returned for non sufficient funds (NSF).
- Please inform us if you will be receiving a scholarship so that we may deduct that from your fees. Please have any Scholarship checks sent directly to the Registrar.
- Final payment must be received by **Friday, May 25, 2018.** ALL payments received after this date must include a **\$25 late fee.**
- **PLEASE WAIVE SIGNATURE REQUIRED** to prevent delay in delivery.
- Please use proper postage (First Class Mail is approx. 70¢). **We are not responsible for late or misdirected mail.**

**Send Completed Forms (ALL 4 PAGES), a copy of your medical card and Deposit to:**

**PAM KILPATRICK, OSAS VP/REGISTRAR  
2750 JAMESTON DRIVE  
ROCKY RIVER, OH 44116-3649**

**- PLEASE KEEP THIS PAGE FOR YOUR RECORDS -**

### WITHDRAWAL/REFUND POLICY

- **If you are unable to attend for any reason, please contact us as soon as possible.**
- Written notification received on or before **Friday, May 25, 2018** - Refund of any fees paid, less non-refundable \$200 deposit.
- Written notification received after **Friday, May 25, 2018** - **No Refund. NO EXCEPTIONS.**

### REGISTRATION CONFIRMATION

Once your registration is accepted, you will be sent an email with an invoice with your balance due. To ensure you receive this email, simply add [ohscotpam@gmail.com](mailto:ohscotpam@gmail.com) to your address book. **If you do not hear from us within 2 weeks, please contact us!** After your final payment has been received, we will email your Information Packet including a What to Bring list, Sample Schedule, etc.

### QUESTIONS, CONTACT US:

**Debbie Doty, OSAS President/Director, [debbie@ohioscottishartsschool.com](mailto:debbie@ohioscottishartsschool.com) or 216-346-6339**  
**Pam Kilpatrick, OSAS VP/Registrar, [ohscotpam@gmail.com](mailto:ohscotpam@gmail.com) or 440-334-8767**