

2020 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 6/26/20 _____ Birthdate : _____ School Grade in Fall 2020: _____

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 6/26/20?: 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 (\$85 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"/> Flora MacDonald | <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: _____

WAIVER AND RELEASE

In consideration of your acceptance of (my/my child's) registration for the 2020 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 2020 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 2020 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 2X 3X

OSAS Golf shirt instead of T-shirt \$8⁰⁰ _____

Student Early Sale Registration Fees:

Resident: \$750 _____

I would like to room with: _____

NOTE: triples & quads are no longer available

Day Student with meals: \$650 _____

Day Student without meals: \$575 _____

Additional Fees:

Dance Teacher Training \$85: _____

Single Room \$60: _____

(Adults only. Subject to availability.)

I need a room on the _____ floor.

Extra Night (Fri., June 26) \$50: _____

Transportation Request*:

**Please complete Transportation Release Form*

I will need transportation from Cleveland Hopkins Airport to the Ohio Scottish Arts School, Baldwin Wallace University, Berea on Friday, June 26 AND round trip shuttle to the Ohio Scottish Games on Saturday, June 27. \$55: _____

I will need transportation from the Ohio Scottish Arts School, Baldwin Wallace University, Berea, to Cleveland Hopkins Airport on Friday, July 3. \$40 _____

OPTIONAL - Donation: _____
any amount would be greatly appreciated!

For Final Payments after May 29, 2020

Late Fee \$25: _____

Subtotal: _____

Scholarship from: _____

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

Balance due by May 29, 2020: \$ _____

2020 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 27, 2020.**
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 BW 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:

Ages 10 - 13	10:00 p.m.
Ages 14 - 17	11:00 p.m.
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 Baldwin-Wallace University by a participant in the OSAS will be charged to the person causing the damages. Anyone involved in damaging buildings or property of Baldwin-Wallace University 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 BW will charge OSAS.
14. Anyone not returning all BW linen will assume the replacement fee that BW 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 BW 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 Baldwin-Wallace University. A copy of the BW rules will be provided. Failure to abide by any of these regulations may result in immediate dismissal.

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

Date: _____

Print Participant's Name

Participant's Signature

Date: _____

2020 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 2020 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.

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

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):

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

Allergies:

None Known

Epi pen usage

Insect/Bee Stings

Serious/Life threatening reaction

Localized swelling or redness at site

Medication Allergies

Serious/Life threatening reaction

Hives, rash, diarrhea, other

Please list Med. Allergies: _____

Food Allergies

Serious/Life threatening reaction

Cramps, diarrhea, hives

Please list Food Allergies: _____

Other Allergies: _____

Will any prescription/non-prescription medicine be sent with your child? Yes No
 If yes, please complete the Medication Form and bring it with you to check-in.

2020 OHIO SCOTTISH ARTS SCHOOL

SATURDAY, JUNE 27 - FRIDAY, JULY 3, 2020

PLEASE NOTE: All Fees are U.S. Funds

2020 STUDENT REGISTRATION BASIC FEES:

Resident Student (tuition, double room, breakfast, lunch and dinner, and fees)	\$ 750.00
Day Student with meals - (tuition, no room, lunch and dinner, and fees)	\$ 650.00
Day Student without meals - (tuition, no room, no meals, and fees)	\$ 575.00

ADDITIONAL FEES:

Dance Teacher Training (Dance Students only)	\$ 85.00
Single Room (Adults Only-based on availability)	\$ 60.00
Extra night (Friday, June 26)	\$ 50.00
OSAS Golf shirt instead of an OSAS t-shirt	\$ 8.00
Airport Transportation From Cleveland Hopkins Airport to Baldwin Wallace University on Friday, June 26 plus shuttle to the Ohio Scottish Games on Saturday, June 27	\$ 55.00
Airport Transportation From Baldwin Wallace University to Cleveland Hopkins Airport on Friday, July 3	\$ 40.00

OPTIONAL - DONATION: We are asking you to reflect on the joy experienced at the Ohio Scottish Arts School. Remember the skills enhanced, the tunes/dances learned, and, most importantly, the friendships formed!! Any contribution to support future and current students in their quest for skills, learning and friendships is appreciated!! Thanks for being part of the OSAS clan 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

- The form consist of the following 4 pages: 1-Class Registration, 2-Tuition & Fees, Waiver & Photo Release, 3-Health Form, 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
- 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 OSAS c/o Pam Kilpatrick (address below).
- **All registrations* and payments are due by Friday, May 29, 2020. However, we will accept late registrations* and payments until Monday, June 8, 2020 when they include a \$25 late fee.** *subject to availability
- **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
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 29, 2020** - Refund of any fees paid, less non-refundable \$200 deposit.
- Written notification received after **Friday, May 29, 2020** - **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 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 check-in information including a What to Bring list, Sample Schedule, etc.

QUESTIONS, CONTACT US:

Debbie Doty, OSAS President/Director, debbie@ohioscottishartsschool.com or 216-346-6339
Pam Kilpatrick, OSAS VP and Debbie Pollard, OSAS Registrar, ohscotpam@gmail.com or 440-334-8767